THE HANDICAPPED CHILD

Edited

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PREFACE

DURING the last few years, a number of articles on The Handicapped Child has appeared in the pages of the Indian Journal of Social Work. The subject is of great importance, as much from the standpoint of the handicapped child as from that of society. It would be adding insult to injury, if the handicapped child were left to feel that he is looked upon as a useless encumbrance. In spite of his handicap, he has a certain zest for life, and it is the duty of a civilised society to make even the most handicapped child feel that he is not a burden on society, and that he can do something for his own betterment and prove a useful member of society.

Society too, on the other hand, cannot afford to have a number of handicapped children without caring to see to what use they can be put. This is the problem of the physically handicapped child, whether in the eyes or ears, tongue or limbs, or whether it is the delinquent child brought up in waywardness in an unkind environment and given over to the seductive charms of crime.

The articles have been written by experts who have appreciated the tragedies and sorrows of the handicapped child, and have been willing to do what they could to improve the life of their less fortunate brethren and

make them useful citizens. These articles have now been collected and presented in book form so that they can take their place as a permanent contribution to the very scanty literature on the handicapped child in our country. Students of social work will find in them a good deal to think about; a new hope and a new inspiration, and it is with this idea that the Tata Institute of Social Sciences has now ventured to publish this interesting and instructive little volume for the benefit not merely of the social worker but of the people at large, so that they can appreciate the fact that even the most handicapped have a right to the joys of life and can be brought up as useful citizens.

Our thanks are due to the writers who have given us permission to publish their articles in this book.

A. R. WADIA.

CONTENTS

SOCIAL ADJUSTMENT OF THE MENTALLY DEFICIENT CHILDREN

J. C. Das Gupta

MENTAL deficiency has been described as "a condition of incomplete development of mind of such degree or kind as to render the individual incapable of adjusting himself to his social environment in a reasonably efficient and harmonious manner and to necessitate care, supervision, or control." Mental deficiency is innate and mostly incurable. The psychological assessment of deficiency is, however, dependent upon the social criterion. If meagreness of general ability in an individual interferes seriously with his life sustaining services, then it becomes a case of mental deficiency.

Binet devised standardised tests to measure an individual's intelligence and he introduced the concept of mental age. He based his concept of mental age and age-ascertainment tests on the fact, that the majority of children are of average intelligence, i.e., they possess the mental age which is common to all children of that chronological age. It was, however, known that some children possess more intelligence and some less than their chronological age. When Binet invented scale for measurement of intelligence in terms of mental age, it was possible to measure the amount of a child's superiority or inferiority over average children. He regarded any child of nine or under who was retarded by more than two years, and one over nine by more than three years as feeble-minded. The reason for the difference in the absolute amount of retarda-

tion in years which constitutes mental deficiency in children of different ages is to be found in the fact that as a subnormal child grows old, tested by Binet-Simon Scale, he shows greater and greater retardation in years. What remains fairly constant is the ratio between the mental and chronological ages of an individual. To avoid decimal, Stern multiplied the ratio by 100 and called it intelligence quotient (I.Q.). As the fact of constancy of intelligence quotient was grasped, mental deficiency was expressed by the amount of I.Q. with greater exactitude. Terman considers that children whose I.Q. is below 70, i.e., below seven-tenths of their chronological age, are definitely feeble-minded.

According to Terman, the I.Q. of imbeciles ranges between 20 (or 25) and 50 and that of idiots is below 20 (or 25). Such gradations in the mental deficiency are based on the actual differences in individuals, their power to preserve themselves, or in the case of children, their ability to learn how to preserve themselves in the social milieu. According to the British Mental Deficiency Act of 1927, "idiots are persons in whose case there exists mental defectiveness of such a degree that they are unable to guard themselves against common physical dangers; imbeciles are persons in whose case there exists mental defectiveness which, though not amounting to idiocy, is yet so pronounced that they are incapable of managing themselves or their affairs or, in the case of children, of being taught to do so; feeble-minded persons are persons in whose case there exists mental defectiveness which, though not amounting to imbecility, is yet so pronounced that they require care, supervision and control for their own protection or for the protection of others or, in the case of children, that they appear to be permanently incapable, by reason of such defectiveness,

of receiving proper benefit from the instruction of ordinary schools."

In fixing the line of demarcation between normal and defective children, Burt makes a distinction between children and adults. Children, according to him, are defectives if they are below 70 in I.Q. while, to be defective, the I.Q. of adults has to be below 50. The reason for this distinction lies in the fact that two different social criteria are used to diagnose mental deficiency in children and adults. We have seen that the need for 'care, supervision or control' is a criterion of defectiveness in adults. This criterion cannot be applied to children; if we do so, then all children become defectives. The criterion of deficiency in children is a socio-educational one while in the case of adults, it is socio-economic. Two different Acts of the British Parliament have understood mental deficiency in two different ways and the administration of these laws devolve on two different ministries, viz., the Ministry of Education and the Ministry of Health. The Education Act understands mental deficients as children below 70 (I.Q.) who do not derive any benefit from the ordinary methods of school instruction though a proper method may enable them to make the best use of their limited capacity and learn as far as a subnormal child can learn.

This cannot be, however, said of imbeciles or idiots who are ineducable scholastically. They are therefore regarded "mentally defective within the meaning of the Mental Deficiency Acts." Their problems are not problems of being educated but of being cared for and protected, which they may expect from a department of the Ministry of Health. It is thus seen that the mentally defective are divided into two groups — one composed of adult and ineducable child defectives, and the other of educable child defectives — (the criteria for which vary

to some extent).

There is another group consisting of a large number of children whose failure in life not infrequently takes anti-social character. Burt classifies them as "dull and backward" children and their I.Q. ranges between 70 and 85. The English law does not regard them as deficient but they show important marks of deficient children. Like defective children, though to a lesser degree, they can make little use of ordinary educational opportunities and need special courses and special instruction. It would be desirable for several reasons to include them also in this chapter.

We thus see that mental deficiency is a relative concept. It is always understood by referring to individual's innate ability to respond successfully to social demands. The social demands on the individual, however, vary considerably in different strata of society. The authors had occasion to observe that "a child with 70 as his I.Q. is relatively a normal person in the family of the unskilled manual worker. If he does not suffer from an additional deficiency in his motor aptitude, other things being fairly satisfactory, he will go on doing the routine work all his life. A child with the same I.Q. in the family of a professional is a source of untold worries and vexations since he is relatively so little educable in the scholastic sense of the term. It is not understood how he can earn a living without losing self-respect since he cannot learn his father's trade or one akin to it." There is also a difference in the social demand on the sexes.

There is, therefore, some difference in the psychological meaning of mental deficiency in cases of men and women which becomes very much apparent as we consider backward and feeble-minded children. We have found that a young man of 17 years with an I.Q. of 75 is a 'grave

problem' in a family of professionals while a young woman with an I.Q. of 73 is treated in a somewhat similar family as an insignificant problem, if at all.

II

The social adjustment of the subnormal children is a very serious problem. Its seriousness can be partly understood if we discuss at some length the lot that commonly befalls them. No provision worthy of the name is made in this country to meet their special needs and they are generally asked to answer demands and expectations beyond their power. The result is that they fail in life. The failure in social adjustment may be either asocial or anti-social in significance. In case where it is only asocial, a deficient child is a burden to his family and not infrequently proves too heavy to be borne by a family of limited means. As a consequence, many deficient children are obliged to accept begging as their means of livelihood. It is no wonder, therefore, that a good percentage of paupers and vagrants is drawn from amongst deficient children. Begging is, however, a nuisance to the public and the presence of many paupers and vagrants is both a misfortune and a social menace.

Newth found a positive relationship between mental deficiency and poverty as the following figures will show:

Social Status Percentages

	No. of Cases	Very Superior Homes	Superior Working Class Homes	Inferior Working Class Homes	Slums
General school population ..	921	5.0	55.5	32.7	6.5
Scholarship children	650	8.6	73.8	16.3	1.2
Dull and Backward ..	1,280	2.5	37.1	47.2	13.2
Feeble minded ..	850	3.2	34.5	36.8	25.5

Mal-adjustment to society assumes an asocial character generally with children of lower intelligence, e.g., with imbeciles. It is, however, true that imbeciles are capable of committing crimes of simple nature. Like children these simpletons commit crimes because they hardly realize the consequences of their criminal actions, and in their lives they seldom enjoy the benefit of the controlling power of reason. It is intelligible, therefore, that indecent exposure was found to be a typical crime with imbeciles in England.

With educable defectives the failure in social adjustment tends sometimes to assume anti-social character. This is most true of backward children. Burt found, as he investigated cases of juvenile delinquency in London, that "nine out of every ten delinquent cases fell below the middle line of average ability, and five out of six fell so far below it as to be classifiable technically as dull and backward."

It has been found that the ability to learn scholastically is most impaired with deficient children. The intricate social existence that one needs to live in the present-day civilization is, however, dependent upon one's ability to learn largely in a scholastic sense. Parents and teachers, therefore, pursue vigorously educating children as a programme of children's future social-adjustment. The elders expect scholastic proficiency from all children equally and they are not ready to forgive deficient or backward children when their attainments fall below the minimum standard. The subnormal children are thus made to suffer sorrows of frustration as well as poignant humiliation at the hands of elders because of their failure. They develop the unwholesome habit of constantly comparing themselves unfavourably to more normal children and thus add a sense of inferiority to the fact of their

amentia. It should not be also overlooked that the joy of healthy play with other children is largely denied to deficient children. The play of children, it should be remembered, bears the marks of both intelligence and emotion. The game that children of the same age play is often too difficult for the subnormals to follow and it is hard for the latter to find enough pleasure in the games of the younger children. The subnormal children thus suffer in more than one way. Their mental suffering is greater when they are less defective and more able to understand.

Subnormal children react to such a life with considerable resentment. As a result of the unhappy and often cruel experiences, they lose faith in the joy of living, and the hatred thus developed against society leads them to commit anti-social acts. Anti-social acts, Healy found, provide the delinquents also with a psychological feeling of adequacy. The urge for self-expression and self-assertion is quite powerful with many educable defectives but their scope to express and assert themselves is very much limited in the social and school environment. It is not, therefore, difficult to understand that backward children by committing anti-social acts attempt to experience a sense of power.

III

The first principle in social-adjustment of mentally deficient children is not so much that they should adjust to society as society should adjust to the needs of these children. As long as they have been asked to take their share in this competitive social existence of complex nature without special help given to them, they have failed, with asocial and anti-social consequences. It is mainly in the interest of their social-adjustment that society, in

response to the needs of deficient children of different levels, must adjust to them.

At the lowest level, with idiots, for example, the social-adjustment of children carries small sense. To them society must almost alone be the giver. Idiots are life-long children and they need care and protection in an asylum; some of them must always be even fed and clothed. What we can expect of them may be guessed from the usual Vineland Industrial classification. This is true not only while they are children but also while they attain adulthood because the mental age of these children never exceeds two years throughout their lives.

Binet-Simon's table is as follows:—

Age		Classification.	Capacities.
1	Low	Idiot	(a) Helpless (b) Can walk (c) Capable of voluntary regard. Feeds himself and eats everything. Eats discriminatingly.
Under 1	Middle		
2	High		
3	Low	Imbeciles	Plays a little but does no work.
4			Tries to help. Does only the simplest tasks.
5	Middle		Does tasks of short duration.
6			Washes dishes.
7	High		Does little errands in the house. Dusts.
8		Morons.	Does errands and light work. Makes beds.
9			Does heavier work, scrubs, mends, lays bricks, cares for bath-room.

The socialisation of idiots and of low grade imbeciles is bound to be of an elementary nature. The high-grade imbeciles also need much help from society in the form of colony life and perpetual guardianship. But they are capable of simple manual work when they are so trained.

It has been found that mentally deficient children tend also to be handicapped in their physical powers. There are evidences to show that sometimes their emotional growth is again retarded. Moreover, a certain minimum of intelligence is necessary for successful pursuit of a vocation and that minimum changes according to the requirement of different vocations. This means that we can never expect much of deficient children. Fortunately, however, a deficient child is not equally and evenly deficient in all his abilities. Duncan found the correlation as 1.59 between the results of Standford Revision and Alexander's Performance Tests administered to a group of 106 feeble-minded children. The mean I.Q's. were 66 and 91 respectively. Burt found that backward children were not as inferior in practical subjects as they were in the academic.

In certified institutions of England, run by local bodies, adult inmates work actually according to their capacity. "Farming, gardening, boot making and repairing, tailoring, brush and mat making, weaving, needlework, and laundry-work are some of the varieties of work done. As far as possible the needs of the institution and its inmates are supplied by the efforts of the inmates, and some of the products of their labour, like hand-made mats and brushes, are sold. These efforts assist in appreciably reducing the maintenance cost to public funds." These vocations are, however, to be learnt and high grade imbeciles do not find them impossible to learn. There are occupation centres to teach defectives which imbecile children living in the colony attend.

We shall next consider feeble-minded children whose I.Q. ranges between 50 and 70. The problem of backward children is similar to that of the feeble-minded. As they are to some extent educable scholastically, their social

adjustment, to an important extent, lies in their adjustment to school life. As long as children are in school, the school itself becomes a miniature society for them. Moreover, the school aims at preparing children for efficient participation in the wider society. It has been found, however, that a deficient child lives a poor life in schools attended by normal children. They derive little benefit from ordinary school instruction and they suffer much humiliation there at the hands of teachers and fellow-students because of their deficiency. It is, however, possible for the feeble-minded to make some headway in scholastic spheres if at least the method of instruction and the rate of progress are adapted to their ability. This requires the establishment of special classes and special schools.

It would be worthwhile to consider briefly the curriculum for the mentally deficient children. Though the special school-instruction helps deficient children to learn scholastically, such learning can never be equal to that of normal children. One's attainment age cannot exceed (or exceeds little) one's mental age. Deficient children cannot hope to live on intellectual labour. The little they can learn will help them to appreciate their environment more intelligently and make them more efficient in the manual occupation they choose. This should be kept in view when preparing the curriculum for them.

The value of handwork in the education of these children has been long known. One-third to one-half time and even more is devoted to handwork in M.D. Schools. There is some difference in the purpose that has been sought to be served by handwork. It is generally believed that they must learn some trade, and handwork class provides an apprenticeship for such training. Handwork has also been recommended for its economic

return. This has led to the introduction of handwork like mat-making which leaves children torpid or day-dreaming. A vigorous protest has come against it from the side of educationists. All children, both normal and deficient, so long as they can learn, have a right to education at State expense. Hand-work must be chosen for its educational value which means that it must give children "varied opportunities for the exercise of what little judgment they may possess in the meeting of concrete situations." (Kennedy-Fraser). It should not, therefore, be those "monotonous forms of handwork — such as knitting, plating, weaving, threading beads, and the like — which require little or no thought." (Primary School Report.) We do not also believe that what deficient children need is only vocational education. Ordinary education is a liberalising agent and has a cultural value. It is never right to deprive the feeble-minded children of the opportunity of such education. It is, however, true that with older boys education should assume more and more vocational character.

Manual work occupies today an important place in the education of all types of children. There is an inherent urge in children to do handwork. Unlike intelligence, manual dexterity with which an individual is born, has been found to improve considerably by practice. Manual work teaches children a number of basic skills and it is often a good starting point of education in the three R's. The importance of manual work is evidently greater for the feeble-minded and the backward, most of whom would live by manual labour.

Their education should be imbibed with the spirit of a project and sustained by a purpose which children would feel as their own. The deficient child should be given every opportunity to create something real and

know something of life. In the words of Kennedy-Fraser, he should be encouraged "to meet a new situation with the help of his past experience in working, measuring, planning, and thinking, motivated wherever possible by his desire to construct some particular thing." The enthusiasm with which a child greets life can only provide adequate energy for learning in the real sense of the term.

The special classes and special schools solve to some extent the important problem of companionship of deficient children. They find there children of near physical and mental development with whom they can play and converse. It is the duty of these special schools to provide recreational activities and to teach them how to enjoy life. The problem of deficient children is not only one of vocation but also that of leisure time occupation.

The feeble-minded and backward children find in their schools an environment suited to their abilities and interests. They meet there success in their endeavour and pleasure in their work. The teachers know what to expect of deficient children and do not fail to appreciate their sincere effort. It encourages faith in life on the part of deficient children and the process of a healthy social adjustment. We can thus understand the value of Goddard's motto in his work with the feeble-minded, "Happiness first, all else follows."

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EDUCATION OF THE MENTALLY RETARDED

By Mehru J. Kutar

OF ALL the handicaps, the mental handicap constitutes the most serious and difficult problem. Society has for some reason greater repressed feelings of guilt about amentia than any other physical defect. That is why persons having mental handicaps are accorded less consideration. Efforts have been made to alleviate the sufferings of the blind, the deaf and the other physically handicapped groups, but the mentally handicapped have not evoked the sympathy of the thoughtful and serious-minded educationists and welfare workers.

For many centuries, attention was paid to the blind and the deaf-mute on the one hand and the low-grade idiots on the other. Mental illness was shrouded in mystery for years. It was considered devil's work or God's curse and they were persecuted. The 19th century saw the dawn of efforts made in this direction. The first person to educate a mentally retarded was Itard, a distinguished French doctor. Later, three schools were started in France. In Switzerland, Dr. Guggenbahl established the first institution for mental defectives in 1841 and his propaganda drew the attention of the whole of Europe. Soon after institutions for mental defectives were set up in Germany and England. Gradually, it was realised that the presence of many defectives and backward children was a drag upon the normal children and that they should be dealt with separately. This was the origin of special

classes, the first of which was started in Germany in 1853. Since then institutions and classes multiplied rapidly in Europe and America.

What kind of children require special training and who is a mental defective? There are as many definitions of the mentally defective as there are books on psychiatry. The definition given in the Mental Deficiency Act of 1927 is generally accepted in England. The Act defines mental deficiency as "a condition of arrested or incomplete development of mind existing before the age of 18 years; whether arising from inherent causes or induced by disease or injury." The Act recognises four types of defectives according to their degree of defect, viz., Idiots, Imbeciles, Feeble-minded and Moral Defectives.

Idiots have such lowest degree of intelligence and most severe degree of defect that they are unable to guard themselves against common physical dangers. They do not profit by any training. They are incapable of performing any useful task and are lifelong custodial cases.

Imbeciles stand above idiots. They can look after themselves and do simple routine jobs well under supervision. They are markedly defective in educational capacity.

Feeble-minded group is educable and can be rehabilitated. They can make good social and vocational adjustment provided they are trained in special schools. They stand below normal because they lack the ability to control, co-ordinate and adapt their conduct to the requirements of their surroundings in such a way as to maintain existence without supervision.

Moral defectives have mental defect coupled with strongly vicious or criminal tendencies. They require care and supervision for the protection of others. Accord-

ing to Tredgold, the mental defect characteristic of this class is two-fold, viz., a defect of common sense and a defect of moral sense.

To send educable defectives to ordinary schools would mean waste of energy, effort and money on the part of the children, the teachers and the parents. The teachers who are blissfully unaware of the principles, methods and technology of modern education, seldom attribute their backwardness in study to defective mental development. Thus poor children become the victims of their taunting and all sorts of punishments. Parents also lose interest in them and they are made to leave the school only to be thrown on the streets at the mercy of the exploiters. Mere backwardness in school progress is not a definite indication of mental deficiency because it may be due to physical, emotional or environmental causes. Mental retardation can be determined from the results of mental tests in terms of the Intelligence Quotient. Generally a child whose I.Q. falls below 70 is classed as mentally retarded.

Lack of research in the field of education has left the problem of mentally retarded out of our sight. Their problems should be studied with the following objectives in view:—

(1) Social problems of crime, alcoholism, delinquency, prostitution, unemployment and pauperism are closely connected with feeble-mindedness. To minimise these evils a scientific study of the problem becomes a necessity.

(2) Left to themselves, the mentally retarded are drags on society. Hence their identification while they are children and their wise adjustment to the social and

economic life of the community is a task which requires scientific study.

(3) To live in an atmosphere of happiness is the birthright of every child and it is more so with those whose power to create their own happiness is so limited.

(4) To locate the causes of mental deficiency and to devise preventive and ameliorative measures.

Before any constructive programme is organised for their welfare, a survey should be made to find out their approximate number. Though it is not an easy job, it can be carried out with the co-operation of social workers, parents, the Government and educational institutions. Parents have to be educated to give out facts rather than to hide them, so that they can get the benefits of the existing welfare facilities. It is firm though false belief that stigma is attached to the handicapped by putting them in special institutions. Hence parents prefer them to be in the ordinary schools even though they cannot make any headway there. This belief can be rectified by propaganda and legislation. Western countries have special legislation which gives every defective child the special care and training he requires. In England the Education Act of 1944 lays the duty on Educational Authorities of giving every child the type of education which is suited to his age, ability and aptitudes. Unfortunately, India knows no such Act. The public must learn that even a mentally handicapped child has a mind which can be educated, a hand which can be trained and ambitions for which he can strive and it is their duty to understand his limitations and to help him to make the most of himself so that he can be a social asset and not a liability.

A survey alone of the defective is not enough. There should be an annual census with medico-psycho-pedagogi-

cal assistance, whether their I.Q. is below 25 to 70. The general psychological classification in terms of I.Q. is as follows:—

I.Q		
Below	25	Idiot
25	49	Imbecile
50	69	Moron or Feeble-minded
70	79	Borderline
80	89	Dull
90	110	Average or normal
110	119	Superior
120	140	Very superior
Above	140	Genius

Of course this classification is arbitrary and it cannot be strictly followed; the child's general behaviour and educational progress should also be taken into consideration. Mental testing being a new enterprise in India, very few persons are qualified for its administration, and that also constitutes one of the handicaps for running institutions efficiently.

Coming to the educational problem, it is to be noted that it cannot be handled by mass methods. It requires intensive study of the individual case and calls for the application of appropriate physical care and educational procedure to suit special needs, e.g., a child having 47 I.Q. may be quite docile, obedient and well-behaved. Whereas another child having the same I.Q. may be very unstable, restless and fidgety. Though mentally they belong to the same group, their problems are quite different and need a different type of treatment. It has also to be emphasised that the mentally handicapped do not form a class by themselves. They are not different from the rest of the population except in the degree of mental

development and should be treated as nearly as possible like normal human beings. The difference between the normal and the mentally retarded is more one of degree than of kind. Hence their education is not different in its aims and objectives from the education of any other group of children. The aim is to teach a mentally defective the art of living, to enrich his mind by using all capacities and potentialities and to help him become a useful member of the social group. This is the basic philosophy underlying every curriculum adjustment. However, the educational objectives for the mentally retarded are not so broad as those for the normal, owing to their arrested mental growth. In view of this fact, they cannot be contributory members of the society. But if they are well-adjusted, socially and economically, it would certainly contribute to social harmony.

Certain fundamental principles are to be considered in their educational procedure: (1) The curriculum should be based on what he has not. It has to be arranged to cater to his capacities, limitations and interests. This principle is not a special prerogative of the mentally retarded; but its need cannot be over-emphasised in view of the fact that their limitations are greater, their interests less varied and less extensive than the normal children. The curriculum cannot be made rigid for the whole group. Each child is an individual case with a different degree of development, and hence it has to be elastic to suit their varying needs. (2) Their education should be concrete rather than abstract. Their intellectual faculties like memory, reasoning, imagination and association are poor, hence they are object-minded and not idea-minded, e.g., an abstract subject like arithmetic can be made concrete if a child is given the idea of numbers by means of beads or blocks. The fundamental processes of

arithmetic can be taught best by using them not in problems of imaginary situations but simple applications to the life of the children, e.g., play money used for budgeting, a play store for shopping, a play bank, etc., will arouse their interest and effort. Concrete applications of pictures, charts, freezes, slides, films and manual activities play a very important role in their education. Rousseau's dictum, "teaching consists in exercises and not precepts" has to be rigidly followed in their curriculum. (3) Maximum freedom compatible with good discipline should be allowed. These children are so suppressed at home that suppression creates more problems than mere mental retardation. Freedom of movement is necessary in promoting general health. It also serves as a normal stimulant for the sensory centres and for intelligence in general. Discipline will not suffer by such freedom provided that the teacher knows how to exert authority born of respect and affection. (4) More importance should be attached to sensory training and perceptual knowledge to add precision to knowledge and to improve, ennoble and enrich verbal expression and create new knowledge. Their attention and power of concentration is very flighty and they are connected with sensory conditions, that is to say, visual, auditory and motor attention. Hence training in these senses will develop their power of concentration and attention. Often the mentally retarded are found deficient in sight, in hearing and in the sense of touch and muscular co-ordination. If these senses which are the gateways to knowledge are left untrained, there will not be much progress. The experimental research of Flechsig proves that the sensory centres and sensory perceptions are the first to develop and as they develop, memory grows in quality and quantity. It has been also noticed that sense training games are greatly enjoyed by

children. (5) Individualization forms the pivot of education of the mentally retarded. Each child is an individual case and no one method can be applied to all. It has to be altered and adapted according to their individual ability, e.g., child A may be good in reading but poor in writing, and child B may be *vice versa*. That means the teacher has to pay more attention to child A in writing and to child B in reading. Moreover the number of children in the class should be small so as to make it possible to give individual attention. (6) Teaching should be of utilitarian character. After all, the aim of education is to make them self-supporting to a certain extent and it should therefore be a means to that end. Manual activities rather than academic education, should form the major part of their curriculum. For, it is through the simplest types of handwork like stringing beads, block building, cutting and folding paper, hammering nails, etc., that the child can be taught higher levels of manual work for his earning and living. They should not be burdened with unnecessary academic subjects, e.g., most of the retarded children rarely read books for pleasure after they leave school. But there are certain types of reading which they should be able to handle in practical life. Reading needs should be created through the introduction of problems like advertisement of food and clothing, news items of interest, names of streets, street signs, etc., are likely to function in their lives much more than the books of fiction or history. (7) No activity should be continued for more than 20 minutes and there should be a rest pause before another is started. (8) Each activity should be graded properly, i.e., from the simplest to the difficult. If in the beginning, the child is given something simple to do, he gets a sense of achievement. On the contrary, if he is given something difficult,

he gets disappointed and develops feelings of aversion. (9) Teacher should be contented to progress slowly. Neither the parents nor the teacher should expect wonders from them. They are deficient in intellectual capacities and will remain so.

The curriculum should be such as to provide for the five-fold education of the child, viz., physical, mental, social, emotional and cultural, i.e., education for work, home life and social participation. The curriculum of the special school cannot be a mere simplification of the programme of the lowest classes in the ordinary school. The very fact that they cannot get along in the ordinary school demands a special curriculum suited to their requirements. In curriculum adjustment, the child's mental age and I.Q. should be the guiding factors. The question is often raised that should the mentally retarded follow the regular course of study but at a slower pace than normal children.

They have a right to as much of the regular course of study as they can profit by but not at the expense of other instruction which will mean far more to them, e.g., a child of 13 years with a mental age of 8 years can do académic work of a 8-year old child. But at the same time, he has had 13 years of life experience, is reaching physical maturity, and is beginning to experience the emotional changes of the adolescent. Obviously, he needs not the regular course of study in smaller doses but something different — something which will be simple enough for him to grasp with his limited mental resources, yet will be in keeping with the ordinary physical, emotional and social development of a 13-year old child. To keep him at the babyish activities of the 2nd and 3rd grade, until he masters the principles of 3 R's involved in them will do him more harm than good. For, it means that

he will never go beyond 3rd or 4th grade work and would leave school empty handed so far as any real preparation for adult life is concerned.

The mentally handicapped can be educated and trained in institutions, special schools (Day and Residential), special classes in public schools and occupation centres. The curriculum of each institution will vary according to the type of children, their ability and requirements. In this article, I am giving a general outline of the curriculum which can fit into the above mentioned institutions with slight variations. The curriculum for the retarded children may well be organised in the light of the needs of two groups, viz., the Pre-adolescent group (from approximately 6 to 12 years) and the Adolescent group (from approximately 13 to 18 years). Each of these groups may then be divided into two classes according to the following approximate mental age:

(1) *Pre-adolescent Group*: (a) Children having mental age under 6 years; (b) children having mental age from 6 to 9 years.

(2) *Adolescent Group*: (a) Children having mental age below 9 years. (b) Children having mental age of 9 years and above.

Pre-adolescent Group: The common practice in ordinary primary school is to teach the child the 3 R's from the very beginning. A child is not intellectually ready for instruction in reading and writing until he has a mental age of 6 years. Hence their curriculum should be based on pre-reading or reading readiness activities, motor and sensory training, personal hygiene, habit training, speech training, and performance of simple activities. For their greatest welfare and happiness, they should be

provided with an environment which is simple and understanding. Whatever contributes to the happiness of the retarded pupil contributes to his education. Whatever causes him to become discouraged, discontented, sullen or rebellious makes for trouble. Thus, tasks that are beyond his ability, have no place in his educational programme, however worthwhile in themselves they may be. It is really tragic to drill him day in and day out in activities which are beyond his capacities, that do not interest him and that are not going to be useful in his practical life. Unfair comparison and nagging implant in them feelings of discouragement, frustration, aversion, inferiority, anxiety, shyness and rebelliousness. Social adjustment in normal society is not an easy task for the mentally retarded; hence to get them acquainted with the process of such an adjustment is the fundamental task of special schools.

Following is the list of activities to make the curriculum most effective.

(1) *Habit training*:—This emphasises personal cleanliness and toilet habits, care of property, (such as crayon, paste, toys, dress, etc.), food habits, health habits, etc.

(2) *Social experiences*:—Presentation and discussion of good relationship involving father, mother, sibling, school-mates, neighbours, visitors and others.

(3) *Sense training*:—This includes recognition of names when called, matching shapes, colours and size, sound, picture completion, puzzles, observation of natural phenomena (sky, cloud, trees, sun, moon, rain, etc.), recognition of objects by sound, smell, touch, taste, color and so on. All

these are taught in the form of games with special apparatus.

(4) *Speech training*:—Speech is a social passport. As most of them have speech difficulty, emphasis should be laid on clear enunciation, correction of baby talk, broken language, lisping, stammering and other speech defects.

(5) *Muscular co-ordination*:—This includes rhythmic exercises, dancing, marching, outdoor games, exercises like walking on balanced rail, playing on swings, seesaw, etc.

(6) *Nature study*:—Acquaintance with common pets, flowers, trees, seasonal weather changes. It should be based on objective training by taking them to zoo, botanical garden, etc.

(7) *Manual training*:—Hammering nails into block of wood, carrying household articles, stringing beads, coarse needlework, knitting, weaving, basket-making, cutting paper and cloth with a pair of scissors, etc.

(8) *Pre-reading activities*:—Orientation and Kinesthetic visual development, language growth, visual discrimination, auditory discrimination, promotion of thinking power.

All these activities, conducted in the form of varieties of games with special apparatus, can be used as the foundation for training in vocabulary, background of experience, etc.

As the child gains experience in these, he should be prepared for academic experience in reading, writing, counting, etc., according to his capacity.

The adolescent group: Their curriculum should be

based on the following lines:—

(1) *Participation in social and civic activities*: This is most fundamental in the education of normal children also, but more so in the case of the mentally deficient, because public opinion about their future is so fatalistic that they are barred from taking interest in social life and are least encouraged to participate in it.

(2) *Manual training* in shop, kitchen, laundry, sewing room, carpentry, metal work and other handicrafts, according to their interest and capacity. Neither school authorities nor parents should be over-enthusiastic, about their progress. Their progress is bound to be slow. Patience and perseverance alone on the part of all the three parties, viz., teachers, parents and children themselves, can result in steady improvement.

(3) *Health and Physical training.*

(4) Preparation for home-making through experiences in household budgeting, child-care, home beautification, and so forth.

(5) *Music, percusion band, arts and crafts, etc.*: The mentally defective are not without potentialities. They have some specific ability in music or arts and crafts which, if developed, can make them self-supporting. It is the function of the psychological service of the school to find out their latent potentialities and direct the teachers accordingly. They also serve as emotional stabilizers; children derive emotional satisfaction from them.

(6) *Reading, writing and arithmetic*: Progress in these subjects is very very slow, but if taught in

an attractive and interesting way with concrete objects, they do show some progress. However, these subjects should be taught only to the extent that they may be useful in their practical life.

Those above 16 or 17 should have the programme of Occupational Education. The programme includes the following:—

(1) *Occupational Information* which gives information regarding various jobs suitable to their capacities and acquaints them with various actual situations.

(2) *Vocational Guidance* which helps them with regard to the requirements of a particular job in which they are interested.

(3) *Vocational Training* gives actual training and develops manual skills required for the job. It also trains them in general habits, personality and essential characteristics and qualities of a conscientious and successful work.

(4) *Vocational Placement* provides jobs to the individuals who are well trained.

(5) *Social Placement* provides help to the adults to adjust themselves to their jobs.

This, in brief, is the scheme for the education of the mentally retarded, the success of which depends on the efficiency of the leadership and teachers. Teachers are the backbone of any educational institution. On their ability, sincerity, enthusiasm, initiative, efficiency and special training depends the successful achievement of the aims and objectives of education. Mere academic qualifications are not enough. Interest and liking for teaching

such children, knowledge of the method and manner of educating them, impressive, pleasant and cheerful personality, firm, friendly temperament, adequate understanding of human nature and of the special needs of the mentally retarded are the essential requisites of a qualified teacher. She has to be very very patient and persevering when a child gets into temper tantrums. Emotionally these children are immature and they cannot control their emotions. She has to study each child thoroughly, his socio-psycho-economic background, special abilities and weaknesses, and adjust her curriculum accordingly. She should have some knowledge of the nervous and mental disorders with which such children are generally afflicted. For, many cases regarded as disciplinary problems over which the teacher wears out her energy, belong to one of them. Record of each child should be kept for guidance and for the satisfaction of the parents. Home visits should also be paid to arouse parents' interest and to gain their confidence and co-operation.

Method of teaching:—The teacher has to understand these children before she teaches them. For, over and above their mental defects, they have their behaviour problems. Unlike the routine programme of the ordinary school, the time-table has to be adjusted according to their daily moods. They are deficient in memory, reasoning, grasping, associating and concentrating; hence the ordinary method of teaching does not suit them. What normal children learn spontaneously, they have to be taught. Their curriculum should be based on teaching what is more concrete. The Montessori method is based more or less on it, and it can be adapted. As their memory is poor, one thing should be taught at a time and repeated constantly till they grasp it thoroughly. Their attention is flighty; so the subject should be made very lively to

sustain their interest. They are open to suggestions; so the teacher should exert her influence by gaining their confidence. They suffer from inferiority complex and, therefore, need plenty of approbation and encouragement for whatever little they achieve. The teacher's task is not only to teach them but to educate the parents as well. It is often noticed that they are either over-protected or neglected but are seldom understood and given opportunities for normal development. Much can be done in this respect through parent-teacher association.

Of course, no amount of training can cure mental deficiency and turn a feeble-minded into a normal child but the special school may improve behaviour, implant decent habits and teach him elements of useful knowledge. The child is kept usefully occupied and thereby prevented from deteriorating and getting into trouble. It gives him feeling of security and belonging to and relieves the parents of the burden of training such a child.

It is often asked, can a mentally retarded child be really educated? The person who insists that education is the same for all and it means mere standard academic achievement in schools and colleges will have to say, no. The research in the educational problems of children has proved that every child is not equally able to master the same type of school problems. The capacity of training is not synonymous with capacity for learning 3 R's. Human differences in learning power have always prevailed and will always prevail. It is the important responsibility of the educationalists to recognise this fact and to revise their programme of education accordingly. It should no longer be a matter of disgrace if child A cannot learn Arithmetic as well as child B. Education is not limited to book learning. It rather consists in developing those capacities which a child possesses whether they be aca-

demic, manual, social or any other type — to the end that he may live happily. If this is education, then the mentally retarded child can be educated.

The school has to look to their medical problems too. The mental handicap is more often than not accompanied by physical unfitness. The after-effects of diseases like typhoid, small-pox, meningitis, etc., are responsible for causing mental retardation. Glandular disturbances also create more problems than mental deficiency and need to be promptly attended to. A Medical Board of doctors, psychiatrists, eurologists, physio-therapists can help the school to solve these problems.

In India, the educational system being highly mediocre and defective, no attention is paid to the education of the mentally retarded, except for a private enterprise in Bombay which caters to the need of a very limited number of children. Yet the fact of its existence and its ceaseless efforts to show what can be done for these children, gives some hope for the future. In advanced countries, the State is responsible for the education of all types of children. For it is believed that "civilization will march forward not only on the feet of healthy children but beside them shoulder to shoulder, must go those others — those children we have called the handicapped: the lame, the blind, the deaf and those sick in body and mind. All these children are ready to be enlisted in this moving army, ready to make their contribution to human progress to bring what they have of intelligence, of capacity and of spiritual beauty." India needs a well-balanced programme of Special Education to prevent the colossal waste of human energy and manpower. Universities should provide courses for special education. "The sight of these children thronging the streets and foot-paths, pilfering, begging, visiting houses of ill-fame and their

exploration is a silent but grave commentary on the inefficiency, ignorance, indifference and inadequacy of our educational system and on the pathological condition of our society itself." Nature is cruel to them but why should society be equally cruel by utterly neglecting them. But, of thousands of doctors in India, not a single one has specialised in their problems. India has very few psychologists and psychiatrists, of whom only a small number takes interest in them. Of hundreds of welfare agencies, both private and public, hardly any care for their welfare. There is not a single piece of social legislation for their care and protection.

Government is spending crores of rupees on the education of normal children, and a few more crores spent on providing special education for the mentally retarded would amply repay in results. Let us hope that in the near future, the Government will take more interest and shall carry the complete programme of Special Education to all who need it. It is truly said "If Society does not keep mentally deficient children busy in a constructive way during the whole of their school lives, they in a destructive way, will keep society busy during their adult lives."

THE DELINQUENT CHILD

By T. L. Kochavara

OUR conception of delinquency has considerably changed in the last few centuries. It is now a proven fact that the delinquent child is neither a biological product nor a mental defective. Case studies of a large number of delinquent children have shown that delinquency is chiefly the product of external influences, that is, the environment in which the child lives and has its being. In other words, the social environment as well as the personality traits of the child determine its behaviour. It is now believed that delinquency is caused when a child fails to adjust itself to the society in which it lives.

Then who is a delinquent? A delinquent is one whose activities cause concern and alarm to parents, teachers or others responsible for its care and education. Children who play truant without reason, violate law or commit a social offence come under this definition.

CAUSES OF DELINQUENCY

(*a*) *Unhappy Home.*—A child born in a home where there is lack of security is more likely to become maladjusted. This insecurity is mainly emotional. Although poverty, unemployment and social inequality may sometimes cause delinquency, they are not the primary causes. The Child's reaction to the attitudes of the various members of the family towards him is an essential factor in determining his course of life. It is generally recognised now that sound family relationship is the foundation for character formation. If the father and mother are mal-

adjusted and the child is constantly exposed to adult quarrels, it will not be surprising if the little member becomes uncontrollable, takes to truancy or starts stealing. Children usually manifest behaviour problems whenever they suffer from absence of affection or unsatisfied desires. Therefore, an unhappy home, whether it be rich or poor, is bound to have adverse influence on a growing child, rendering him vulnerable to temptations of situations outside the home.

(*b*) *Undesirable companionship.*—It is natural for a child to look for companions of his own age living in his immediate neighbourhood. But, his choice mostly depends on his own personality and his emotional experiences at home. For instance, if a father is indifferent to his son's welfare or treats him unkindly, the latter is bound to spend more of his time in companionship outside home and thus find substitutive satisfaction. Also there are a number of suggestible types of children who are easily led away by intelligent but delinquent youngsters to do anti-social acts. Many offences are committed in companionship which certainly gives added courage, more thrill and adventure to the whole group. In all larger cities, there are organised juvenile gangs who make their living by crime committed very often under the direction of adult offenders who usually control their conduct. The statement of some parents that their children have become delinquents on account of the influence of some urchins in the neighbourhood is not without an element of truth. But even here many other factors enter into the child's life which compel him to seek the company of undesirable persons.

(*c*) *Unhealthy Neighbourhood.*—Over-crowding and slums characterise almost every city in India. People living in such localities are always surrounded by filth

and other unhygienic conditions. Further deterioration of those places is brought about by the existence of other disorganising factors like prostitution, cheap and sensational film shows, vulgar show places and hotels frequented by adult criminals. Children, born and brought up in such areas, are naturally exposed to all sorts of harmful influences, even though conditions in their homes are fairly satisfactory, from the point of view of family relationship. It is no wonder such neighbourhoods do not even have socially acceptable moral codes. When a majority in a locality live by socially objectionable means and indulge in anti-social ways, it is but natural that children there should follow in the footsteps of their elders. Experience shows that a large percentage of delinquent children brought before juvenile courts is from delinquency areas. So long as such areas exist, there can be little hope of preventing delinquency among juveniles.

(d) Lack of Recreation.—Children of the poorer classes living in highly congested localities do not usually have opportunities for any healthy recreation. Hence they turn to commercialised recreation which satisfies their leisure time needs. They are often found gambling in street corners, visiting cheap picture houses and looking for any kind of fun and frolic on the streets. Even fights between rival gangs frequently take place in these vice areas. These are some of the worst effects of the lack of recreational facilities in slum localities. Case studies of delinquent children show that many of them had no opportunity for any supervised play activities. It is being recognised that a properly trained recreation leader can do immense good by directing the energy, restlessness and destructive spirit of the youth into constructive channels. But, it should be remembered that when once children take to commercialised recreation and taste its

thrills and excitement, the task of interesting them in wholesome recreation is too arduous. Therefore, to attract children, recreation programmes must be made quite appealing. By providing proper recreational opportunities for children in a given neighbourhood juvenile delinquency could be reduced considerably.

(*e*) *Unsuitable School.*—Schools of today hardly cater to the actual needs of children and to the requirements of present-day society. Moreover, they seldom give opportunities to children for creative work, so essential for facing the facts of life. To many children, schooling is uninteresting, monotonous and distasteful, with the result that they play truant. Experience in Western countries shows that truancy in school life leads a good number of children to delinquency. Few teachers know the possible causes of truancy and how to handle a child who finds difficulty in his adjustment at school. Unless teachers know something about the psychology of childhood and the problems of adolescence, it is rather difficult for them to understand a maladjusted child who shows dissatisfaction at school. The most effective way of controlling delinquency is through a school which provides treatment for problem children, guidance to parents and special training to teachers. Therefore, while introducing compulsory education, care should be taken that a proper type of education is imparted to children so that schooling may become a useful, constructive experience for them.

(*f*) *Harmful Employment.*—A large number of young boys and girls are employed on various types of jobs in cities. Children generally take up work either to supplement their family incomes or lead a care-free life. Boys of tender age working in hotels and small girls as domestic servants are not only exposed to moral danger

but also come under the influence of unscrupulous people. Boys who are hired for casual work in docks or in building works often endanger their health and are exploited by their temporary employers. Those juveniles who work as shoeblacks, hawkers and coolies are usually run-aways from home and are left to themselves in large cities without any protection. They live on footpaths and pick up anybody as their companion. Very often, these children are easily tempted by unscrupulous adults by offers of attractive amounts of money for doing such anti-social acts as pickpocketing and shoplifting. Thus children who are allowed to work spend most of their time outside their homes and are exposed to the danger of associating, at an impressionable age, with undesirable persons. Moreover, parents lose their control over such children, with the result that their authority at home suffers. Children living under such conditions become delinquents sooner or later.

TREATMENT OF DELINQUENCY

As a first step in the treatment of delinquent children, it should be realised that they should not be regarded as criminals but as wards of the community and, therefore, should be saved from the ordeals of prison life. The birth of this awareness in the last five decades has resulted in the segregation of juvenile offenders in separate detention homes and reformatories and creation of juvenile courts and probation service.

(*a*) *Remand Home.*—The primary purpose of a Remand (detention) Home is the safe keeping of children, pending disposal of their cases by the Juvenile Court. But, detention should be limited to those children for whom it is absolutely necessary. While on remand, their physical and moral welfare is safeguarded and they are provided

with educational, vocational and recreational facilities. In all modern detention homes, the problems of the inmates are studied by trained personnel. Moreover, the services of psychiatrists and psychologists are available for treatment of the inmates in large homes run on scientific lines. It is now realised that the programme in a detention home should be flexible and not rigid, so that the inmates can make the necessary adjustments in the new situation without much strain. An ideal remand home provides the inmates with facilities, under proper supervision, for constructive and creative activities and thereby their social and personal readjustment.

(*b*) *Juvenile Court and Probation.*—The juvenile court is based on the principle that the State, as a representative of the parent, is guardian of children and as such, responsible for their welfare. In other words, the juvenile court is a social institution and the child is a subject of its special protection. The procedure in the court is simple and informal. Before any case is disposed of, the court calls for the report of the Probation Officer on the child's home conditions and other environmental influences that are responsible for its delinquent conduct, on the basis of which the treatment to be applied is considered. It should be noted that the gravity of offence has less meaning for a juvenile court. In any event, the aim of the juvenile court is to correct and remedy the causes of delinquency of every child that comes before it. Whenever it finds from the social investigation report of the Probation Officer that a particular delinquent child needs guidance and assistance, the latter is often restored to his parents on probation.

What is probation? It is a system of releasing an offender under the supervision of a person who will give positive assistance and counsel during a specific period.

By this method the individual child is saved from being sent to an institution; at the same time, he secures the guidance and constructive help of the Probation Officer to readjust his life and become a useful citizen. This form of treatment in the child's home is also a saving to the State. The success of probation depends upon the type of cases selected, the personality of the Probation Officer and the resources available in the community. However, the value of probation as a correctional instrument can be gauged by its results in turning juveniles away from delinquency.

(*c*) *Training Schools.*—Although committing children to institutions is considered unhealthy, it is indispensable for those who are recidivists and suffer from serious behaviour problems. Moreover, when a child fails to make proper adjustments during probation, he has to be removed from home. How far the present institutions for children, particularly the certified (approved) schools, are able to rehabilitate delinquent children is still difficult to say. Nevertheless, the efforts of some of the progressive institutions which are comparatively small do show favourable results. Readjustment of the child through school, workshop and recreation and community contacts is given more emphasis in those schools. Besides, attention to the mental and emotional needs of the group is given by psychologists and psychiatrists. At present, there is general agreement that the training schools should introduce scientific methods in the diagnosis and treatment of their inmates.

(*d*) *Child Guidance Clinic.*—In all progressive countries, Child Guidance Clinics are established for the treatment of children with behaviour problems. The clinic works primarily on the principle that the social environment of the child is more often responsible for its behavi-

our problems. Therefore, the clinic attempts to make adults understand the needs of children and extends its treatment to the family, school, recreation and other situations. The clinic staff consists of a psychiatrist who is a physician trained in handling mental disorders of children, a psychologist having experience of their mental testing and a psychiatric social worker. They usually function jointly on most cases. The services of a clinic are mainly utilised by parents, teachers, probation officers and juvenile courts. The problems for which children are usually referred to these clinics are tantrums, stealing, seclusiveness, truancy, restlessness, fears and aggressiveness. Besides, the clinic accepts for treatment those children also who suffer from habit disorders, like thumb sucking, nail biting, etc. It may be added that a properly equipped clinic will be able to treat their clients successfully.

PREVENTION OF DELINQUENCY

(*a*) *Prevention is Better than Cure.*—The real significance of this oft quoted popular aphorism is generally lost sight of because it is seldom practised in actual life. Very often, people do not care to understand the relationship between preventive methods and curative treatment. For instance, if a physician tells his patient that, by taking a well-balanced diet, he could be free from many ailments, the latter would think it fantastic. Similarly, if we say that, by extending welfare services for dependent families, delinquency could be minimised, many may sneer at the idea. Unfortunately, we are so much over-burdened by our work and oppressed with our day-to-day problems that scarcely do we have time to think and act in terms of preventive methods suggested by specialists. These methods may appear costly in the

beginning but they are in fact much cheaper in the long run. If we concentrate on the prevention of juvenile delinquency, we will not need a large police force, additional criminal courts and prisons, for the maintenance of which we undoubtedly spend large sums of money.

(*b*) *Discourage Wild Growth of Big Cities.*—Experience shows that there is more crime in urban areas than rural places. Rapid industrialisation of a highly mechanised nature in the modern world has resulted in the growth of many cities where living has become complex and struggle for existence difficult. There may be planning for industry but certainly not for human life. With what results? Human personality is becoming warped and twisted due to constant exposure to unsuitable living conditions and unhealthy influences. Moreover, there is hardly any feeling of neighbourliness in cities because one does not care to know one's next door neighbour. This anonymity in city life has resulted in the loss of social control over the individual. Further, extremely overcrowded cities create slums and blighted localities which are the rendezvous of anti-social elements and gangs which make their living by crime. Highly industrialised countries, like the United States of America, spend millions of dollars every year to combat the ever increasing crime wave that sweeps over its 80% population concentrated in many large cities and towns. Therefore, in planning for our country, which is about 80% rural, it is safer to maintain a balance between the rural and urban population by decentralization of industry and such other methods. Even from the point of view of mental health, it is better we have less cities so that adults could be spared the extreme nervous tension and children from the emotional insecurity so characteristic of modern city life. It is also a common experience that

among city dwellers the feeling of kindness is almost absent and little sympathy is shown to the under-privileged and the down-trodden.

(c) *Services for Transient Families and Run-away Children.*—There is a great influx of people into industrial cities from rural areas. Working class families form the majority of this transient population and they usually live in shacks erected in any open space, preferably in close proximity to their work places. Their very living in the most insanitary and unhealthy conditions generally causes deterioration of their moral sense. Children, often neglected, wander about in the streets and gradually get into delinquency. Also a large number of children flock to the cities as truants from their native places either due to dissatisfaction at home or for love of adventure and new experience. Many of them actually live on footpaths. These children fall an easy prey to the bad influence of the anti-social elements in the city and swell the delinquent population. Contacting these types of families and children is highly essential if we are to prevent delinquency among juveniles. There should be Family Welfare Agencies and Youth Service Associations to help this floating population. The laws that prohibit employment of children have not yet touched many areas. Children are still engaged in the docks for "chipping" work which is hazardous and also harmful to their health. Also many children of tender age work as domestic servants and live at the mercy of their employers who make them slog for long hours and often ill-treat them. It is a common sight to see hundreds of children moving about near railway stations and market places as "coolies" and many more begging on the streets and in trains. The juvenile hawkers and shoeblacks also do their jobs for an independent living. Of late bootlegging is done

through young boys. Many of these children come either from poor families or are neglected by their parents. We ought to give adequate protection to these children through some child welfare agencies.

(*d*) *Welfare Council.*—Since with increasing population, our cities are likely to grow in the near future, crime may also proportionately increase. To remedy a similar situation, new attempts are being made in some western countries by setting up Welfare Councils in various localities in a city. The chief objective of this Council is to create community consciousness among neighbours. These regional councils consist of civic leaders, social workers, law enforcement officials, school teachers, physicians, etc. They discuss the problems of the community and set up small committees to study them and suggest practical ways and means of solving them. The underlying principle of the Welfare Council is to help people assume, responsibility and leadership in controlling anti-social activities in their own area. The task of controlling delinquency is comparatively less difficult if the people living in delinquency areas actively participate in the planning and conduct of any preventive programme. Thus regional councils will go far in preventing many social evils which afflict local communities.

(*e*) *Organised Recreation for Children.*—In cities like Bombay, healthy recreational facilities for children are lamentably lacking, especially in highly congested localities inhabited mostly by poor people. Naturally, children in those areas find no outlet for their craving for play activities and adventure. Therefore, they turn to commercialised recreation like gambling and betting and come in contact with anti-social elements. Improper use of leisure time has often been the root cause of delinquency in children. It is now recognised that properly

organised and supervised play and recreation can not only prevent delinquency among children but also improve their physical and mental health. By providing adequate and healthy recreational activities, we can keep many children off the streets and save them not only from delinquency but also from traffic hazards. Further, group play and recreation promotes communal and national unity, so essential for a democratic way of life.

(*f*) *Juvenile Police Bureau.*—Although some of our cities and towns have set up Juvenile Courts for dealing with children's cases, there is, unfortunately, no parallel development in the police department. A Juvenile Police Bureau is indispensable for proper handling of children. In fact, the police are generally the first to come in direct contact with the destitute, truant and delinquent juveniles. At present, the work of juvenile courts in India is very much hampered for want of a specially trained juvenile police.

In the United States of America, Juvenile Police Bureaus are also entrusted with the responsibility of preventing delinquency among juveniles. It is part of their duty to patrol all delinquency areas and find out the hideouts of adult gangs who very often make use of young boys for all sorts of anti-social activities. Those children who are found wandering till late hours in the night and are likely to fall in moral danger are taken by the Juvenile Police and are either returned to their parents or kept in a place of safety. Besides, some police bureaus take active interest in stimulating public opinion and suggesting suitable legislation for the protection of children.

Conclusion.—The problem of delinquency is complicated and its roots lie in the social patterns and economic

conditions of communities. Therefore, a legal attempt alone to control delinquency will be ineffective. Even in those countries where people have economic security, the incidence of delinquency and crime is increasing due to faulty and unhealthy social factors. On the other hand, countries which are economically backward do not show any marked rise in delinquency and crime. Hence prevention and cure of delinquency is possible only in a sound social and economic system in which people are governed by a spirit of social justice, fair play, honesty and a genuine desire for unselfish service to one's fellowmen.

CHILDREN WITH BEHAVIOUR PROBLEMS

By J. C. Marfatia

BEHAVIOUR problems in children are a source of great anxiety and worry to parents. Very often, parents are at their wits' end when they fail to cure their children of bed-wetting, lying, feeding difficulties, etc., by punishment and other methods. Thinking that there must be something wrong with the child's brain, the parent refers him to the family physician. The medical practitioner, who is not conversant or familiar with the treatment of such psychiatric problems in children, and not recognising their true nature, wonders how he can, with the help of medicines, relieve the parent's anxiety by curing the child of his problem. The utmost that he can do for these worried parents is to try various age-old and obsolete methods like prescribing tonics for food problems, belladonna for bed-wetting cases or adopting "tricks" like applying quinine for thumb-sucking. When the problem proves obstinate in spite of all this "treatment", he falls back on punishment as the only remedy and thus leaves the parent none the wiser for his advice. Out of sheer exasperation, the parent refers the child to his teacher, who is equally at sea and in no way better than the medical practitioner in handling such problems of children; and he too suggests the same outworn methods to improve the child.

Both the medical practitioner and the teacher would be rendering yeoman service to parents as well as children if they realize that behaviour problems in children are

not disease entities but symptoms or reactions caused by emotional disturbance or environmental maladjustment and refer such cases to proper institutions or agencies. Fundamentally, it is the faulty development of the personality, and not any organic disease in the body, that is responsible for these behaviour problems. At the same time, it should not be forgotten that there are certain nervous conditions like epilepsy, post-encephalitic conditions, chorea, endocrine diseases, etc., which may be responsible for a given behaviour problem. A medical practitioner should exclude these conditions by a thorough physical examination and, after correcting minor physical disorders like enlarged tonsils, adenoids cervical glands, defective vision, etc., impressing at the same time on the parents that these are not curative remedies but just preliminaries for psychological treatment, should advise them to refer the child to a proper institution, like the Child Guidance Clinic, for correct psychological treatment. Much valuable time is lost by pursuing orthodox methods, or, allowing Nature to take its own course; instead of helping the child or his parents, it may only do untold damage, though unintentionally, to the child's personality.

Every family has its own problems of rearing children; and parents tackle them in their own ways. In quite a number of cases, the problem is dealt with effectively and in some, the children, on their own, get over their behaviour difficulties without any outside help. The question then arises: when is a child a "problem child"? A child is generally termed a problem child when parents, guardians or teachers fail in their efforts to cure it of its undesirable conduct or behaviour. In this connection, it may be mentioned that certain forms of conduct which constitute a behaviour problem in one social set up are

not necessarily regarded so by those belonging to another; for example, it is no behaviour problem if a child has criminal propensities and these are encouraged and applauded by parents who are themselves criminals. Thus it is not possible to speak of the term behaviour problem without reference to the standards and codes of the social group to which the child belongs.

Behaviour problems in children may be classified as follows:—(1) Those which are *fundamentally anti-social* in nature and included under the head Delinquency: They are — truancy, stealing, lying, sexual offences, begging, gambling, cruelty, destructiveness, etc.

(2) Those problems which are *not anti-social*: They are divided into the following sub-groups:

(a) *Habit Disorders*:—They include conditions like thumb sucking, nail-biting, masturbation, bed-wetting (Enuresis), stammering, general restlessness, food difficulties, etc.

(b) *Personality Disorders*:—Timidity, shyness, sensitiveness, irritability, temper tantrums, obstinacy, day-dreaming, unsociableness, fears, jealousy, etc.

(c) *Disturbances of physical functioning or psychosomatic problems*:—Nervousness, tremors, fits, headache, pains in the chest and abdomen, difficulty in breathing (Asthma), vomiting, appetite and sleep disturbances, etc., fall in this category.

(d) *Organic diseases*: Epilepsy, chorea, post-encephalitis, head injury, juvenile G.P.I., etc., are in this class.

(e) *Educational Problems*:—Backwardness at studies, no interest in studies, etc.

(f) *Mental Deficiency.*
To complete the list of all the psychiatric problems of children one may mention—

(g) *Psychoneurosis and psychosis in children.*

Attempts to understand any child's behaviour are complicated by the fact that no two children resemble one another. There are constitutional differences in children, not only in physical make-up and intellectual capacities, characteristics which are measurable, but also in personality characteristics for which available measurements are crude and open to error.

Parents often express amazement at the fact that their oldest child has always been good-natured, stable and well-adjusted, whereas the child younger to him has food fads, temper tantrums and also fidgettiness even though according to the parents, both have been treated alike. The recognition and acceptance of these individual variations and differences are fundamental in the rearing and training of children. The same applies to child guidance work. All children are not created equal. They do not all develop physically, mentally, or emotionally at the same rate. They do not all react to seemingly similar situations in the same manner. Parents or teachers who try to force children into the average mould or try to make them conform to their own pre-conceived notions of what is normal or abnormal, provoke futile and harmful conflicts.

Nothing is so much maligned as heredity for the many ills the causation of which is not understood. Behaviour problems are no exceptions, very often parents find it difficult to believe that environmental factors, one of them being their own faulty methods of upbringing, can be responsible for the abnormal behaviour of their child and

blame heredity for it saying, "it's in the family". If it is pointed out to a mother that it is not normal for her child to have temper outbursts, she may say with perfect equanimity, "it's in the family, his father has them", little realizing that the child's temper outbursts may be just an imitation of his father's. This is not to say that heredity is completely absolved of any responsibility. The question, whether heredity or environment, whether Nature or Nurture, is responsible for shaping a child's personality and character, on which depends his behaviour in certain sets of circumstances, has been the subject of controversy for ages.. This controversy has created two distinct schools of thought, viz., the heredity school and the environmentalist school. There is a third group which steers clear of these two and holds that both heredity and environment are responsible. The question is best answered by a counter question, "Shall the gardener pin his hope on careful cultivation of the soil, or on selection of the best seed?" The practical gardener thinks that both are necessary.

It is usually impossible to be certain about the extent to which the personality traits of a particular child are due to inherited deviations or to experience, training and education, society's attitude toward him and his family group or his world in general which may have been a reaction to his personal relationships with others. Patterns of behaviour develop and become habitual perhaps because they meet some need of the child. The child as we see him clinically, therefore, is the product of his inherited equipment as well as of the influence of environment on his potentialities. From early infantile life the child remains in closest association with his parents. Parents are the most prominent objective facts for the child in its early age, and so they become the objects of chief

interest. The whole development of the child's personality, including the superego depends mainly on the environmental influence of the parents. The first five or six years are the most formative period of the child's life. His mind is very plastic and takes whatever mould is given. One can easily imagine how parental attitudes can shape the character and personality of the child. Parent-child relationship forms the crux of the whole problem of child-psychology. The most fundamental emotional needs of the child can be satisfied only if the parent-child relationship is healthy. Just as vitamins are absolutely necessary for healthy and normal physical development and growth, so also for the development and growth of a healthy and well-integrated personality the fundamental emotional needs of the child must be satisfied. Non-satisfaction of these needs leads to emotional maladjustment and behaviour problems in children.

Need for emotional security in the form of parental love is one of the most vital needs of the child. At all ages, the child needs to feel that he is wanted and loved, not so much because of his good behaviour but because he is himself. The emotional relationship which is established in childhood with his parents greatly determines his feeling toward other people in later life. Emotional security is not only a prime essential for the formation of a normal and healthy personality but is also the basis of all human relationships, such as, parent-child, teacher-pupil, counsellor-client, employer-employee, doctor-patient, etc. The child needs to feel that his home is stable. He needs confidence in his parents. He must feel that his parents and his home are a dependable refuge in times of adversity. A child that feels reasonably secure faces life with courage and self-confidence. He is confident about his future, strives for his objectives in life and is

able to enjoy his work and life in general. But too much of his emotional security in the form of over-protective attitude is harmful. An oversheltered childhood may lead to the development of an over-dependent, timid, infantile and an immature personality.

Proper emotional growth is another important basic need of the child. There is need for increasing independence. The ability to assume independence is not a sudden acquisition in later adolescence but rather the result of growth, experience and training throughout childhood. This desire and need for independence is greatest during the pre-school years. He wants to do everything himself. He wants to eat by himself, dress himself, wants to tie his own shoe-lace; in short, he feels that everything is within his capacity to achieve. Very often this desire for independence is not accepted by parents because they fear that their authority is thereby undermined. When a child who has always been obedient, starts exercising his own mind by saying "no", arguing and making his own decisions, he is accused of wilful disobedience by the parents. The parents should encourage this need for independence and allow the child to fight his own battles of life. In doing so, they must recognise the child's limitations and need for direction.

Another outstanding emotional need is that for approbation, recognition and response. Like adults, children want their accomplishments to be applauded and recognised. Children desperately want the approval not only of their parents but also of their teachers and playmates. When a child, who comes home jubilant over his success in the school, say, obtaining a second rank in a class of thirty children, tells his mother proudly about his achievement, he expects praise and recognition. Instead, suppose he is greeted with the remark, "So what?

Look at the neighbour's child; he always stands first in his class." The effect on the child's mind can be easily imagined. It is exactly the opposite of what the mother expects. She believes that the unfavourable comparison of her child with the neighbour's would stimulate hers to greater effort. The child, knowing that he does not get praise whether he achieves success or not, makes no further serious effort because he finds no incentive. When parents display interest in the child's activities and pleasure in his accomplishments, he is not likely to become bored with life. Even routine tasks which he would otherwise consider drudgery become not only tolerable but a matter of pride, and the foundation for later feelings of responsibility are thus laid. When the parents see nothing but shortcomings in the child, he is likely to be unhappy, oversensitive and defensive; "some children who cannot or do not win recognition for socially desirable behaviour find their satisfaction in the notoriety which comes from anti-social behaviour."[1] But praising the child in the presence of others must be avoided.

Early childhood is normally characterized by great physical and play activity, which is another very important emotional (and physical) need and must be satisfied. It is through play that the child grows physically, emotionally and socially. The child works out his emotions and unconsciously gains a definite, free and concrete expression of his inner cravings, attitudes and wish phantasies. There is value of release, or freeing the child from the tension of pent up feelings. Extensive use of play is made not only in the investigation of children's emotional and social difficulties but it is also used for therapeutic purposes.

[1] Shirley H. F. "Psychiatry for the Pediatrician," the Commonwealth Fund, New York, 1948.

It is very essential there is in the home a concrete ideal after which the child can mould his own personality. The child needs a pattern for organizing his growing powers and capacities. Harmonious home life is not possible without some authority, order, and limitation. There is a prejudice among certain people against the principles of child guidance. They believe that full freedom is given to children attending child guidance clinics and they are allowed to do what they like; and the parents are advised to do likewise at home, even to the extent of allowing the child to break window panes or destroy furniture, and thus allow him to be spoiled. Nothing is farther from the truth.

Where there is no discipline or when authority is divided or inconsistent, the result is nothing but chaos in the home. Authority alone is not enough to keep order; it may be ineffective and harmful if it is not understanding, reasonable and just. The child needs to learn that certain things are not done. It is constructive to direct the child's activity, thus teaching him that he can satisfy his urges in acceptable ways.[1]

A careful study of the above mentioned basic emotional needs of the child shows that the satisfaction or otherwise of these needs depends entirely on healthy parental attitudes towards children.

Some of the faulty parental attitudes, which form one of the most outstanding causes of neurotic and behaviour disturbances in children are as follows:—

Overprotection or over-acceptance; rejection which includes punishment, partiality and favouritism, unnecessary and unfavourable comparisons; too much discipline

[1] J. C. Marfatia, "Parent Child Relationship" Indian Journal of Medical Sciences, Vol. V, No. 4, April, 1951, pp. 129-135.

as indicated by over-domination, expecting implicit obedience from the child in every little manner, nagging, exacting too much work, pushing at studies, etc.; inconsistency in discipline; unharmonious relations between parents; and neurotic attitudes of grandparents. Some of these harmful attitudes are discussed briefly below:

Overprotection: The criteria laid down by David Levy in order to label the parents as over-fondling or babying are:—

(1) Excessive contact of the mother with the child; (2) prolongation of infantile care — delayed weaning and feeding by bottle for an unusually long period; dressing and bathing him long after he is able to take care of himself; (3) Prevention of development of independent behaviour — mother may fight the child's battles for him; (4) Lack or excess of maternal control.

There are parents who cannot refuse any requests of children however unreasonable they may be. They give money, toys, special privileges and spend all possible time with the child. They do not want him to leave for recreation lest he should meet with an accident or associate himself with 'undesirable' companions. The child sleeps on the same bed as the parent. Some parents not only fail to see any fault in their children but defend him even though he may be in the wrong. They praise him sky-high in the presence of others. Sometimes overprotective behaviour is shown by over-domination.

Results of over-protection: When over-protection is characterized by over-domination submissive traits are developed. The child may become over-dependent, obedient, authority-accepting, and effeminate. He finds the over-sheltered life so pleasing and satisfactory that he is not inclined to make social contacts in the outside world

which he does not find as sympathetic and kind as his parents who form his immediate world. He finds adjustment outside his home extremely difficult. He may fail to adjust at school and later on at work. He becomes increasingly withdrawn. Over-protection tends to build up a schizoid personality and is an important factor in the etiology of schizophrenia. When over-protection is indulgent in character, he may feel stifled with the overdose of love which may result in aggressive traits like authority rejection, commanding and bullying. It fosters a close attachment of the child to the mother which can seriously hinder adaptation to marriage in later life.

Causes of over-protection:—These may be best stated by quoting Levy.[1]

1. "Long period of anticipation and frustration during which the woman's desires for a child were thwarted by sterility, miscarriages, or deaths of infants.
2. Conditions in the child that expose him to greater hazards, such as, physical handicaps, illness, etc.
3. Sexual incompatibility with the husband.
4. The loss of mate.
5. Social isolation, lack of social contacts, lack of common interests between husband and wife.
6. Emotional impoverishment in early life — unhappy childhood, particularly from the point of view of libidinal satisfaction.

[1] Symonds, P. M. "Psychology of Parent-Child Relationship" Appleton Century, New York, 1939. (Quoted from J. C. Marfatia, "Parent-Child Relationship", Indian Journal of Medical Sciences, Vol. 5, No. 4, April, 1952, pp. 129-135.)

7. Development of dominating characteristics through assumption of undue responsibility in childhood and the continuance of this role in marriage.
8. Thwarted ambitions.
9. Some parents purposefully adopt the policy of giving their children a large amount of freedom as a protest against their own strict upbringing."

To these may be added other causes peculiar to Indian families. Over-fondling of a child who is supposed to have brought good luck to the family,—the birth of the child may have coincided with or been followed by an increase in the family income. In another instance, the child over-fondled was the only son in a family of five married brothers, who, among them, had eight daughters.

In certain cases, over-protection may be an over-compensation for an unconscious feeling of guilt about a fundamental rejection of the child, as when a child is physically or mentally defective.

Rejection:—Rejection of a child may sometimes be openly shown by parents but more often it is disguised. It may be shown by such behaviour as finding nothing in the child except his shortcomings. Parents do not provide the child with toys and neglect his education; often they punish him for even a slight offence. The child may be put in an institution or in a reformatory or a boarding school not because circumstances demand it but because the parents do not want to be bothered by the responsibility of bringing up the child. No time is spent by them in the company of the child, except to ask him, merely out of a sense of duty, whether he has done his lessons or not. Unnecessary and unfavourable comparisons with

siblings or neighbour's children is another indication of rejection.

The causes of rejection are many. The child may not be wanted because of poverty or because there are too many children. Or the child may be defective either physically or mentally. It may be, the mother was very averse to have further pregnancies; actually contraception or abortion might have been attempted. There may be rejection by parents because the child is a step-child or an adopted or illegitimate child. Hostility to a child may also be due to a direct transference of the unconscious aversion to a parent of the same sex as the child.

Results of rejection:—Rejection by parents has been found to be one of the outstanding causes of delinquency among children. Rejection, when manifested by strictness or punishment and cruelty, produces in the child hostility towards the parent. This hostility later spreads to anything that stands for power or authority. Consequently, the child rebels against authority in general. To escape punishment from his father, he starts lying. He truants from home and wanders. He may associate with companions like himself and become the member of a gang. He may take to gambling and may commit sex offences. He may start stealing on account of the influence of the gang. Very often the stolen article, particularly if it belongs to the rejecting parent, stands (in the unconscious mind) for the love he craves from that parent. Another unconscious motivation of stealing may be to spite the father by bringing a slur on the family name. At school also, he may have difficulty in adjustment. He rebels against the teacher (who is a parent substitute) and disobeys him.

The results of rejection may best be summed up as follows:—

" . . . Affection for a child in his own or a substitute home is fortunately so general that its immense biological role in development may be overlooked, much as the need for oxygen might be overlooked by the uninformed who had never seen or experienced suffocation. Rebuke or punishment does not of itself provide a motive for the child. It only underlines withdrawal of approval. The strict but loveless home may produce a severe delinquent.

"This primary need of the child (need for stable and secure affection) cannot well be over-emphasized. The moral aspect is also implicit in that the child will adopt the values of those whom it loves, admires and desires to emulate and rebel against the code of those who owe but deny it affection. Thus a child may be emotionally stable and well adapted to parents who are themselves anti-social in outlook and so become a delinquent."[1]

Punishments:—Punishment is considered by parents and teachers alike as a panacea for the behaviour problem of children. It is the common experience of a child guidance clinic to hear parents say that every method of "correcting" the child has been tried, including that of punishment but unsuccessfully. Nothing is more detrimental to the psychological development of the child than punishment, particularly corporal punishment. In order to avoid it, the child may resort to deceit and lying. It deepens the child's sense of inadequacy and the feeling of inferiority, particularly if the punishment appears to the child to be unreasonable, unfair and unjustly severe. If often resorted to, it causes in the child a feeling of

[1] "Mental Health" Vol. 10, No. 1, 1950 (Quoted from the memorandum issued by the Royal-Medico Psychological Association on Juvenile Delinquency).

rejection and hostility. Ultimately, he may rebel and take to anti-social activities.

Corporal punishment should be condemned and has no place in the 'treatment' of behaviour disorders. Infliction of pain in some of the erotogenic zones may be accompanied by a certain amount of pleasurable feeling, and frequent repetition of this pleasurable feeling may cause a desire for it to become fixed. Later on this desire may lead to sexual perversion called masochism. Corporal punishment must be avoided. If it has to be used, it should be very sparing and only as a last resort. The child should be given the full explanation as to why it is used. Punishment must be explained to the child, proportionate with the fault, short and to the point. It is high time this age-old remedy for "correcting' the child became obsolete.

Quarrels Between Parents:—Disharmony between the parents caused by frequent quarrels is one of the common causes of juvenile delinquency. The need for security which is one of the most fundamental requirements of the child can only be satisfied if the child feels that both his parents love him. If quarrels arise frequently between the parents, the child may be led to take the side of one parent and start hating the other. Such a state of affairs is bound to lead to obstacles in the smooth development of the child's personality.

Neurotic Behaviour of Grandparents :—Inconsistent discipline is most likely to occur when parents and grandparents openly differ in their attitude to the child. Thereby the child's training suffers. He wonders whether his parents or his grandparents are right. He may learn to obey his indulgent grandparents and disobey his parents or vice versa. In some instances, taking advantage of the situation, he may learn to play off one against the other.

Each of the behaviour problems mentioned above is not a disease entity. Behaviour problems are manifestations of a disordered or maladjusted personality. If behaviour problems are not detected early and treated properly, and if the child is allowed to drift along, he is likely to develop neurotic behaviour. *Such a child faces his future with a handicapped personality.* Every psychiatrist finds, in his analysis of adult parents, that the most important etiological factors in nervous and mental breakdowns are the faulty attitudes and inadequate patterns of behaviour which are acquired in childhood. These attitudes and behaviour become habitual and when they are firmly established, the individual becomes *handicapped* in making a socially acceptable adjustment.

Conclusion:—The conclusion may best be quoted in Leo Kanner's words: "If, as we have seen, strained relations between members of the family may, directly or indirectly, so affect a child as to create personality disorders, it is obvious that the specific form of association between the parents and child himself must be of particular significance in the formation of his character and habits. It is especially the management of his domestic socialization and the preparation for faultless communal adjustment that may seriously deviate from sound and sane standards. Most parents do their job well, with the use of common sense and the knowledge that a child must be given a chance to grow into healthy manhood and womanhood, to receive protection when and where it is needed, to be fed and clothed and educated properly and to develop responsibilities of his own in due time . . ."*

* Kanner L. "Child Psychiatry" (1947)—pp. 92-93.

CARE AND EDUCATION OF DEAF CHILDREN

By (Mrs.) Evelyn Khan

THE standard a civilisation has reached can be judged by man's attitude towards suffering and the sympathetic consideration he shows to the afflicted. In ancient Sparta, the deaf were denied all legal and religious rights; and in some countries, they were even denied the right to live. In ancient Sparta and Athens, they were often put to death as being a burden on and liability to the State. We have travelled far from this stage of barbarism. We now find the deaf treated to occupy their rightful place as worthy citizens adding to the prosperity and well being of humanity. They marry and share responsibility and they also contribute in their own ways their quota to the material advancement of their countries.

Lack of data concerning the deaf, so essential to planning of any kind, is a major drawback in India. There is also no co-ordination of all those services which together help in their successful rehabilitation. These are, however, two of the many obstacles in India which have to be overcome as they have been elsewhere.

Of all handicaps, deafness is the one which is least understood, because it is not visible and has perhaps more far-reaching effects on the sufferer than any other form of affliction. The needs of the deaf, therefore, have invariably been overlooked, with the result that very little provision has been made in their favour.

Classification.—For purposes of clear understanding, the deaf may be divided into two main classes:—

(1) Those who are born or have become deaf at such an early age that speech has not developed naturally or has not had time to be established.

(2) Those who have become deaf in later years after acquiring speech and language in a normal manner and those with partial impairment of hearing capacity. This class of deaf persons does not require special education as the born deaf. Nevertheless, they do require certain remedial measures to enable them to be successfully educated in normal schools.

These two classes are subject to many more sub-divisions, many of which require a different approach.

Ascertainment : According to the Census of 1930, the last attempt to ascertain the data regarding the deaf-mute population, there were in India a total of 61,757 deaf-mute children of between 5-15 years. Of these, only 882 were reported to be receiving special education and training. Thus, there were 60,875 deaf-mute children without any education whatsoever. Taking into account the Congress Party's boycott of the census operations as well as the general reluctance of the Indian people to admit defects in members of their families, it can be said that the total number of the deaf-mute population reported in the Census cannot be accurate. The only accuracy that could be expected, therefore, was in the total number of deaf children who were receiving education at that time.

Though the Central Advisory Board of Education advised, as early as 1944, that the States and Local Administrations should make a survey of the mentally and physically handicapped population of school going age nothing

so far has been done in this regard and the census of 1950 also failed to take advantage of the opportunity offered and to follow up the previous attempt.

It is gratifying, however, that the Government of India is now proposing to set up an investigating committee, consisting of a medical man and a teacher of the deaf, which will make a sample representative survey in twelve to fifteen parts of the country with a view to finding out the incidence and causes of deafness. It is hoped that with the co-operation of the people, particularly the teachers of the deaf and social workers, the committee will succeed in its arduous and yet most important task of ascertaining the extent and causes of deafness in India.

Undoubtedly this will not tackle the problem in its entirety but it will certainly give us an idea and experience of existing conditions and how to meet the problem in greater detail in future.

It is difficult to say how far the larger schools have been able to carry out individual surveys over restricted areas, either independently or in co-operation with Local Bodies; but the school in Lucknow has, in collaboration with the local municipality, made an attempt to ascertain the number of deaf-mute children in the area within Municipal limits. It has also secured recognition for the education of deaf children of 6-11 years. Unfortunately the Primary Education Act of 1919 laid down that children with physical disability of any kind might be exempted from the general field of education. This provision prevented the enforcement of compulsory education of the deaf and will continue doing so until this matter is given statutory recognition. The local body, however, co-operated with the school and the staff in ascertaining the number of such children in the area concerned.

This being done deaf children are brought to the school and tested to see how far the defect has been correctly diagnosed and if it is not a multiple defect, such as, deafness accompanied or caused by feeble-mindedness or epilepsy or dumbness due to some other factor than deafness, which constitutes entirely different problems. From my own experience, I can well imagine the difficulties of enumerators in tackling this problem when the census is taken. Of course, one can hardly expect the average lay man to understand and correctly diagnose these handicaps. This, I feel, is one main reason why States and Local Bodies should carry out such surveys in collaboration with people and schools who are working for the deaf. This survey has been beset by numerous and varied difficulties, not the least of which is the inaccuracy of data collected and the lack of social service spirit in many of the attendance officers who are directly responsible for rounding up these children, as well as the reluctance and downright antagonism often met with in the guardians concerned. In order to placate such feelings and to give the right publicity as well as to check the data supplied, our teachers visit such homes, try to ascertain information of other such children and smoothen the difficulties of the staff of the local body. Perhaps it is all well that, at the present stage of this movement, when the education of the deaf has not been given statutory recognition, we have to depend entirely on persuasion and publicity. The movement has, however, helped us greatly in acquiring experience and knowledge, which is a great step forward, though it has increased the work and responsibility of the teaching staff to a very great extent. It has also added to the standard required of such teachers and made them take the first step forward in modern teaching methods, whether applied to

the deaf or the normal, by making them cognisant of the environments of their children and of gaining the co-operation of the home with the school. The ascertainment of figures of deaf girls is particularly difficult, so much so that some women attendance officers have asked for police protection when visiting the homes and informing such guardians of the need for education of their deaf wards.

Reports of investigations made on the incidence of impaired hearing in America, Germany and Russia show that more than 20 per cent of school children have defective hearing. The following quotation from a statement made by the United States Public Health Service, Washington, is illuminative:

> "Results of the examination of school children indicate that about 15 per cent, or one in every six or seven children, has some impairment of hearing. Conservative investigators state that about half of these children or six per cent suffer serious hearing loss."

Their number is much greater than those in whom the acoustic impairment is profound enough to be noticed and who have to go to the special schools for the deaf. These children can continue their education in normal schools, but they must be given special help by way of suitable seating arrangements and training in the use of a hearing aid and speech reading. This should be done by specially trained teachers for two to three periods in the week, in collaboration with the child's class teachers. Various programmes have been evolved for this purpose in advanced countries, differing in details regarding the time and place for holding these special classes. The first consideration, however, is one of ascertainment. In other countries, children are given all the necessary tests of sight, hearing

and general health on admission. In India, however, to make the problem less formidable, principals of schools should draw up a list of all children suffering from retardation and maladjustment. Government should make provision for an audiometric test of such children and rehabilitatory measures advised and carried out according to results obtained. This presupposes the existence of suitable personnel to give the tests and to administer the necessary remedial measures where hearing impairment is the cause of retardation.

Rural Rehabilitation and Educational Clinics : The question of the adult deaf or those who lose their hearing capacity after the school age is past has received no recognition whatsoever. Sufficient data of any kind is not available in India about these people and yet the need for their rehabilitation is obvious when one considers that deafness whether progressive or sudden, is more common than is realized. In the Report of Dr. Eichholz, C.E.B. on the Deaf, a study undertaken in England and Wales, from 1930 to 1932, at the instance of the Minister for Health and the President of the Board of Education it was estimated that 20,000 were very deaf but not included amongst the deaf and dumb or those with lesser degrees of acoustic handicap. It is not generally realized that deafness may occur in adult years due to numerous causes. Amongst these it should be understood that just as visual acuity is affected by advancing age, the hearing mechanism also gets affected and loses its efficiency to a greater or lesser degree with each advancing decade after and often before the age of forty. The amount of suffering caused in this way requires recognition; and provision must be made for mitigation of its far-reaching effects in the form of unhappiness, loss of efficiency and maladjustment. This is all the more significant when we

stop to realize that hearing is the one means of communication with our fellows and plays a vital part in our social and economic life. To some extent, India has become "eye conscious", but there is no advice, remedy or help for those who feel their hearing is impaired or threatened.

I feel that it should be a condition of training for all medical men that they recognise the implications of hearing impairment and that more specialists in this field be given adequate training in the performance of operations, diagnosis and treatment of the ear.

The Association of Otolaryngologists of India is a responsible body of specialists in this field and it might be expedient for State Governments to consult this association on all matters relating to ear, nose and throat problems within their jurisdiction.

Centres should be established for the use of the electronic testing apparatus. As a beginning this may be done in the larger towns and later expanded into Aural Rehabilitation and Educational Clinics which could deal with the population at adult, school and pre-school levels. For the adult, referral would be to an otologist; and rehabilitatory measures, wherever indicated, could be carried out in the clinic itself. For the profoundly deaf child, referral would be to a special school and for the child with impaired hearing, not enough to warrant special education but remedial measures, either the clinic could undertake the task by appointing a teacher qualified to teach lip reading and give auditory training or arrangements could be made with a local school for the deaf, provided one exists and is prepared to undertake this special type of work. The clinic should also ascertain and advise mothers of deaf pre-school children on this treatment. In all cases, referral to an otologist would be a part of the

necessary procedure in order to institute effective therapy for the cure or arrest of the impairment. It is important that this should be taken in hand by well qualified and competent otologists, who are conversant with the latest medical discoveries in this field.

As long as the case load is not too heavy, one centre could, in the beginning, cater to the needs of the population at pre-school, school and adult levels. These functions, however, could be separated into independent departments when increasing case load makes this necessary.

At present necessary equipment for testing and for auditory amplification will have to be imported but steps should be taken to manufacture them in India as soon as possible. The National Physical Laboratory should be requested to investigate the possibility of decreased cost and manufacture in India. In the meantime, it would be much appreciated if the UNICEF or similar organisations interested in the welfare of children would give the much needed help in this direction. Equipment of this kind is also needed for the existing schools for the deaf as well as for others which are to come if this problem is to be adequately tackled. The Central Government has extended certain facilities for the blind by exempting all apparatus required for their education from customs duty. This has not, however, been done for the deaf and is only one more indication of lack of realisation of their needs.

Publicity.—In addition to compulsion, sufficient publicity is essential to make people realise what education means to the deaf child. In all existing schools for the deaf, conferences of parents should be arranged whenever possible, teachers should visit the homes of all children in their charge and talk to mothers and other inmates on the needs of the deaf child, how to treat him and how to co-

operate in the work of the school. All this, however, requires time and cannot be done by the teachers alone, who have a most exacting task in this type of education. They should be assisted by other voluntary social service workers, by medical officers, by publicity departments and by mobile squads or workers who would tour certain areas and give lectures and demonstrations on this subject. A step forward in this direction was taken by the Lucknow School. Student Health Visitors, under the Department of Health, were invited to see the school. They were given simple literature on the subject and instructed on how and what to advise mothers of such children. These students went out to the villages and encountered many such children in the families they visited. I feel that such measures as this should be devised to awaken public consciousness. But it is necessary to get the co-operation of those already in the field and to enlarge their activities from mere teaching to wider aspects of dealing with the deaf. A certain amount of preliminary work of this type has to be done more thoroughly and an awareness created before this problem, with its many aspects, can be tackled effectively. The various social services, operating in co-operation with the educators of the deaf, can take the steps necessary to enlighten public opinion on the problem of educating the deaf in India. Broadcast talks on the subject should be given frequently and made part of the publicity programme so that people may realise the devastating effects of deafness and the signs and symptoms of a condition which may develop from an unnoticeable degree to one which jeopardises the very well-spring of life.

Causes of Impaired Hearing : These are many and varied :

(1) Deafness may be congenital or acquired.

(2) It is usually caused not by one factor but by a combination of several factors, and most diseases that affect the body can also impair hearing.

Any pre-natal infection causing injury to the germ plasm such as influenza, typhoid, small pox, measles or other high fever condition in the mother may cause the child to be born deaf. Other causes derived from parents may be a hereditary pre-disposition in which case the family history is rather illuminative. Congenital syphilis can also destroy the auditory nerve before birth. Drugs, such as, quinine, given to the pregnant mother may produce deafness in the child.

The child itself may acquire deafness by suffering from any high fever condition. Encephalitis and meningitis as complications, and in themselves, can cause profound and sometimes total deafness. Any infection of the throat and nose can extend to the ear and cause "otitis media" which may later lead to the inner ear and cause a more profound type of deafness. It is thought that 65 per cent of impaired hearing can be traced to some infection in the nose and throat.

Great research and study of preventive measures in the west have done much to lessen the incidence of deafness in the population. According to a Health Survey instituted in the U.S.A. from 1935-36, 2,800,000 persons were tested for acuity of hearing. Findings proved that the partially deaf group averaged 1.2 per cent and the totally deaf 0.5 per cent. When this is the case in a country where prevention and treatment has reached the level it has, what can we expect in India? The causes also, such as, high fever conditions and throat and nose infections are much more numerous in India than elsewhere. Moreover, research has proved that hearing impairments occur more frequently among children at low

economic levels than among children at high economic levels. On this basis alone, of India's 350 million people, we may expect about 0.5 per cent or 1 million 75 thousand to be totally deaf. Considering the greater incidence of the causative factors, this figure may well be much higher. For the partially deaf child, however, who is midway between the normal and the profoundly deaf, nothing whatsoever is being done in this country. These children are those who have varying degrees of acoustic handicap and in many cases this loss is not noticed by parents or teachers. In school, they may be considered stupid often having to repeat grades; and because of their inability to hear speech at normal levels, they are often victims of much censure and ridicule. Usually such a child does not himself realise he is deaf and shows symptoms of maladjustment and develops an inferiority complex which may either make him introverted or an aggressive bully. Such children often develop antisocial behaviour and become a burden on the community and State.

Educational Provisions : Before the education of the deaf child can be made really effective and adequate, it is most necessary to have special officers trained in this field in all the States to look after such schools. This branch of special education is so very technical that it is not possible for an untrained person to know anything about the requirements. In the absence of such technical knowledge, the education of the deaf has been neglected or made to fit into the general scheme which is only so much waste of time and expenditure.

The situation is particularly dangerous wherever States have taken up this problem and inaugurated State schools, without special regard to the type of personnel appointed or the existence of a Special Officer in the De-

partment of Education to guide, control and understand the necessary requirements.

According to the Report of the Central Advisory Board of Education, 1944, there were 35 schools for the deaf in India. Most of these institutions were run by voluntary committees, with partial assistance from the State Governments and local bodies, except for a few now under State control, such as, one school at Delhi and another started in 1951 at Bareilly in Uttar Pradesh, two schools in Bombay State, and one in Rajasthan.

The schools for the deaf in India are at present financed by grants made by States and local bodies, supplemented by donations and fees. There is a tendency of the grants-in-aid being increased by some States and local bodies. The Uttar Pradesh Government has taken an appreciable lead in this connection, although it has still to go a long way in realising completely the needs of special schools for the deaf. In America the different States determine the regulations concerning the education of children. For example, in the State of Massachusetts, Government spends $1400 per year per head on the education of deaf children and recovers part of these expenses by billing the parents at the maximum rate of $8.00 a week. This means that the State spends about Rs. 6,650/- per child per year and recovers approximately Rs. 1,824/- per year from the parents; thus the State spends about Rs. 4,826/- per year per child. Although the economy of the two countries, India and the U.S.A., cannot bear comparison, still these figures are illustrative of the keen interest taken by State Governments in the education of deaf children.

In India, the schools for the deaf generally impart education upto the Primary Stage, although there is at present a tendency in some of them to raise it to the

Secondary stage for brighter pupils. It is a need, however, which should be implemented for those pupils who can benefit by it. But the first consideration is to raise the general standard of education in these schools and to develop an uniformity under expert guidance. The oral system is the one generally observed in India. This has as its aim the rehabilitation of the deaf child through the medium of speech and speech reading. The three R's are also taught as the educational tools for the acquisition of knowledge. The conventional method of signs is discredited in the education of the deaf as it cannot make them take their place among their normal companions. Finger-spelling, which has its adherents in other countries — this method is criticised as militating against speech reading — has not yet been used in India because the alphabets of Indian languages present peculiar difficulties in its application. Considering that it is not followed to any great extent even abroad, it does not seem feasible to spend time and effort on its development. Along with the oral methods, it is most important to institute the auricular training of the deaf child in order to accelerate and improve his acquisition of speech and language comprehension. This requires the institution of hearing aids in all such schools. Because, this aspect has made such strides during the last 10-15 years in foreign countries and the extensive research undertaken in this connection has almost revolutionised the education of the deaf, it should now be considered an integral part of their educational programme. To attain best results, it must be in the hands of highly qualified personnel under the direction of experts who understand its various implications.

For the successful implementation of educational procedures for the deaf the following points, as being peculiar to India, will have to be noted:—

(1) Very little attempt has been made in most of the schools to evolve a satisfactory syllabus of progressive languages and speech teaching for deaf children during the three years or so of preparation or rehabilitation. A hearing child at the age of 4-5 has a workable vocabulary of about 2,500 words which he can construct into sentences fairly well expressive of his needs and ideas. A deaf child at this age is at the level of a normal child of less than a year. He has no words whatsoever. Education must make good this loss not through the natural channel of hearing but by other means. Even when the child is taught individual words, the real difficulty arises in teaching him to put these words together in structures and language patterns expressive of his thoughts. This is highly technical and requires very thorough and scientific methodology. It cannot be done in a haphazard way by poorly trained teachers. Moreover, it should be based on a system. The Lucknow School has studied and translated into Hindi one of these systems for the teaching of correct language structure to the deaf. This has been a very controversial, arduous and time-consuming work. It has begun, however, to yield definite results in a decided improvement of the children. Not many schools however, have made this attempt; and until they do so, their results must perforce be meagre.

(2) No text books of any kind have been specially compiled for the deaf in India. In the absence of such books, teachers themselves must supply necessary reading material for these early years. This pre-supposes, however, enough training and

knowledge of the development of language in a hearing and deaf child to enable them to tackle this problem. In Lucknow School this has now been made a compulsory part of the teaching procedure. A great difficulty encountered in this country is the absence of any research in the vocabulary of children and its importance according to the frequence of occurrence of words at different levels of development. Unless this is done, all school books for children, whether in the general or special field, will have been unscientifically compiled. We, in Lucknow, have tried in our own field to make some attempt in this direction by studying words generally used by young children in relation to their environments, in evolving our speech and language programme. Difficulties, peculiar to India, however, are the very different cultural backgrounds of children, different observances and the use of different words having the same meaning.

(3) For the purpose of auricular training, the necessary apparatus and well-trained personnel are required. The first is very expensive and has to be imported from abroad. Even when this is done, maintenance becomes a problem. For this, I would recommend a speedy attempt to start the manufacture of such apparatus in this country; but until such time, facilities should be extended for their acquisition from abroad in the shape of help by such organizations as the U.N.O. to under-developed areas. Their maintenance can be undertaken by any radio expert whose

services can be acquired for periodical checks and repairs when necessary.

I have noticed a tendency in some schools to introduce individual aids for classroom teaching as against group hearing aids. This is unfortunate for the following reasons:—

(1) The sooner auricular training is commenced with the school child the better; but it is not advisable to put an individual hearing aid in the hands of a young child. This is a delicate mechanism and is easily damaged by clumsy handling. The group hearing aid is a more rugged instrument and the controls are mainly regulated by the teacher.

(2) Individual hearing aids for each child entail much greater expenditure than a group hearing aid for the same number of children. The latter is operated off the main and the cost of renewals for batteries does not arise as is the case with the individual aid. For a country like India, with its dearth of experts in this field, it must be realized that a much higher degree of acoustical engineering skill is required for the maintenance of the individual aid than for the group aid.

(3) Most important of all, good group hearing aids are capable of greater fidelity of transmission than individual aids. They are sufficiently powerful to reach the profoundly deaf child with less distortion. There is much less reverberation as best results are obtained when the speaker is a foot away from the microphone which is not possible when teaching with individual aids. These points are important for the simple rea-

son that the whole aim of acoustical training is to bring least possible distortion. His handicap is going to distort speech anyhow but we must cut down the margin of error to the very minimum. Teachers using these aids must have more than the ability to adjust the various controls. They should be able to interpret the audiogram of each child in order to have an idea of the amount of volume required, and a knowledge of the range of amplification in order to prevent the child being asked to tolerate sound which is at or above the "threshold of feeling".

The ideal condition, of course, is to have a group hearing aid in each classroom; but every school should be provided with at least one. There should, of course, be some attempt at acoustical treatment for such a room if the auditory training programme is to yield the best results, and the Government grant in this connection should be much more generous than it is. To ignore these important details is to literally spoil a ship for a ha'porth of tar.

Because of the difficult and highly individualized nature of such teaching, classes for deaf children should never exceed ten; in fact, many progressive educators in this field are of the opinion that eight should be the maximum. All the schools in India observe this condition under favourable circumstances. I have, however, seen as many as 30 children crowded into one classroom in a certain school of this type which I visited. This, however, was due to the fact that many of the teachers had gone on leave.

Co-education should be a feature of all such schools, as is generally the case in India, with separate residential arrangements for boys and girls in boarding schools.

Free primary education of the deaf should be made compulsory in all such towns where a recognized school for the deaf exists with the difference that, for the deaf, the age span will be 5-14 years while it is 6-11 for normal children. At the same time, such schools should be started as soon as possible, at least in all larger towns in the country. The arguments that the numbers of deaf children are so meagre that Government cannot be justified in starting many day schools and prefer to emphasize the residential school is offset by the following reasons:—

(i) That all larger towns consisting of about two lacs population would undoubtedly have enough deaf children, if a correct survey is taken, to justify the existence of one school.

(ii) That the aim of education of the deaf is to normalize them sufficiently to take their place with the hearing and for this reason, they should have opportunities of mixing with them daily as they do in their families.

(iii) That the emotional balance of the child is not affected to the same extent as if he is a day scholar, a factor which looms larger with the deaf than the child with normal hearing capacity.

(iv) That correct ascertainment would be much easier if a local school for the deaf collaborates with the administrative authorities in this matter.

(v) The diagnostic factor being so important, it is difficult to see how all parents will willingly allow their children to be taken to places involving a train journey for this purpose, when they show so much reluctance to do so in their own

towns. This will also be an expenditure Government will have to incur in the case of residential schools.

However, the residential school is an urgent need for smaller towns and rural areas and better for children whose homes do not operate on too high an intellectual level and which do not understand the needs of the deaf child. A high degree of excellence is required on the part of teachers who will have to provide the necessary atmosphere for the child in the school itself and Government should seriously consider the adequacy of salaries for teachers in this field of work.

Training of Personnel : The Training College for Teachers of the Deaf in Lucknow is the only institution of the kind in India, which is recognized by the Government. The College has for its Principal one who has received training in America, in one of the most effective institutions for this purpose in the world. Papers for the theoretical examination are set and corrected by external examiners who are specialists in their fields and the practical examination is conducted by two external examiners and the Principal of the College. Success entitles a student to a diploma issued by the Registrar, Departmental Examinations of the Uttar Pradesh Government. It is being attempted to keep the standard of this training as high as possible, and to admit candidates not only on the basis of their ability for effective study but also for special aptitude for this kind of work.

I feel strongly that when this movement gains impetus and a larger question of choice can be considered, an entrance examination would be of great help in obtaining the best material for this field, irrespective of the so-called paper qualifications.

The schools in Calcutta and Palamcottah also have training departments which are not, however, under the auspices of the State. They conduct their own examinations and issue certificates to their successful candidates.

This training should be put on a uniform basis and a committee appointed to lay down certain necessary conditions for an effective training programme.

If the education of the deaf is to gain momentum as it should, more well-trained personnel will be required to man the schools and educational and rehabilitation clinics. Training Colleges for this purpose should be established on a linguistic basis in order to meet the needs adequately, and must be attached to institutions which can serve as model schools for observation and practice of teaching.

Vocational Rehabilitation and Employment : Most of the schools in India teach the rudiments of a trade to their students. The larger schools have several trades to suit the aptitudes of different pupils. It has been found that the following list gives a fairly comprehensive idea of the choice of trades and handicrafts followed in such institutions in India: Carpentry, Weaving, Tailoring, Smithy, Cane and Wicker Work, Clay Modelling, Wood Carving, Engraving, Book Binding, Draftsmanship, Drawing and Painting, Printing, Textile Printing and Dyeing and Fret Work.

There is no data about the number of students who take up this work seriously, as a means of livelihood, after they leave the school. In Lucknow, we try to keep in touch with old pupils and have found that the majority have utilized their training for this purpose. Many of our pupils are earning as much as Rs. 200/- a month.

When they leave us, they are usually absorbed as apprentices in firms from where they become skilled workmen and get employment, either on time or piece work basis. Some of our boys, after a short period of apprenticeship, have set up their own concerns, but these are a very small minority and usually come from the better class families.

Investigations made in this field in America and England have determined a much wider field for the deaf. Provided a deaf child is given sufficient educational rehabilitation with a vocational bias, there is very little he cannot do except where hearing is directly concerned. Although it is not considered necessary in other countries, I feel it would be advisable now in India to have sheltered workshops attached to some of the better equipped schools, where children who finish their academic studies may serve a period of apprenticeship as full time workers until they can get independent employment. This period of training should be devoted entirely to the mastery of the practical aspects involved with due emphasis on the adaptations necessary on account of their handicap. Arrangements should be made to allow children to serve their period of apprenticeship in the same workshops where they received their vocational bias during their school years, so that it will not be necessary for them to have to get oriented to a strange environment and new instructors, who will not understand the special needs of such children.

Because of the present difficulties of employment of the deaf in India, it would be advisable to make provision for deaf students to be employed in these various departments on piece rate wages. This would help them to tide over the interim period of leaving the workshop and securing a job, a period during which the deaf child may easily be discouraged and backslide causing the

labour of years to be wasted. The Government should also give adequate assistance in the marketing of articles produced. This is a very relevant point and has often been one of the causes of the failure of such schemes. These workshops should be manned by instructors who may not have had a regular training but know better by experience how to handle deaf children. This will give deaf children an advantage they cannot enjoy when having to cope with the hearing under instructors who cannot understand their difficulties.

The employment of the deaf in India, however, must rest on publicity and legislation. There is a natural prejudice among employers against a deaf worker. As yet it is not realized in India that, by virtue of their handicap, the deaf have greater ability to concentrate, are less exposed to fatigue caused by noise and disturbance and have a greater incentive. Another consideration is that, because of their handicap, employers consider the deaf a greater liability under the Workmen's Compensation Act. This again is incorrect because the deaf as a class, are inclined to be more careful than the normal. During the war effort they gave sufficient proof of their abilities in America and elsewhere. It was found that absenteeism was less among deaf workers. Both qualitatively and quantitatively their work was often superior to that of the normal and their safety records were as good and often better. In the U.K., a conference between the Accident Officers Association, representing forty-four Insurance Companies and a joint committee of welfare workers for the deaf came to the conclusion that it was possible to insure deaf workmen at normal rates and that the Proposal Forms used by these companies did not require specific mention of the fact that an employee was deaf and that there was nothing in these forms requiring

an employer to give specific information as to deaf persons.

The Disabled Persons Employment Act of 1944 in U.K. imposes a duty on every employer of more than 20 people to give employment to a certain number of disabled persons. The quota is 3 per cent of the total number of employees; but it is subject to increase if circumstances require. This legislation may very well be introduced in India to help in the rehabilitation of all those handicapped people who are victims of unreasonable prejudice and ignorance.

It might be illuminative to mention that, in a Joint Report of the National Institute for the Deaf in the U.K. and the Department of Industrial Physiology, London School of Hygiene and Tropical Medicine, on the employment of the deaf, it was found that over 340 occupations, widely distributed throughout industry were being successfully followed by them. It was also pointed out that the occupations carried by the deaf were also open to the partially deaf or the deafened, that is, those who lost their hearing in later years, but the need for vocational training was very evident, whatever might be the degree of disability.

India, however, being an agricultural country the rehabilitation of the deaf on land should also be seriously considered and given greater emphasis.

Social Welfare for the Deaf : Voluntary societies, which first gave impetus to this movement in foreign countries, have not yet touched in this country on any other aspect to any appreciable extent except the education of the deaf. In England, the awakening of public consciousness in the matter has resulted in a series of enactments by Government, by which the State undertakes more and more responsibility for

the welfare of disabled people. The Education Act of 1944 makes it an obligation on local authority to provide education for deaf children and to make it compulsory between the ages of 5 and 16. It also enjoins on local authority to provide various forms of adult education for the deaf. The Disabled Persons (Employment) Act 1944 makes it the responsibility of the local Employment Officers of the Ministry of Labour for the placement of the deaf. Attached to each of these offices is a special committee appointed to safeguard the interests of disabled persons. There is the closest liaison between the officials of the Ministry and the people working in this field. This matter may very well be taken up by the Employment Exchanges in India. I would suggest that committees consisting of representatives of these Exchanges and Principals of Schools for the Deaf be formed to study suitable openings for the deaf in this country. This must be accompanied by surveys on the lines already mentioned. The placement of deaf workers should be integrated with that of normal people. In Norway, each district has a consultant appointed by the Department of Education. It is his duty to keep a record of all adult deaf within his jurisdiction. One of his main functions is to find work for them. In this connection, he keeps contact with schools for the deaf, parents and employers. The placement of pupils leaving schools has had very good results in that country and it is greatly to the credit of this office that there is no unemployment of the deaf in Norway. The duties of the consultant also consist in periodical visits to the deaf and his readiness to assist them in every possible way by procuring medical and legal assistance for them whenever necessary. These consultants, it is needless to state, are always drawn from amongst the teachers of the deaf. India should study

some of these measures and incorporate them in her social welfare programmes.

It is high time that social services in India incorporated the welfare of the deaf in their schemes. Training in this field should include visits to deaf schools, opening of clubs to encourage the deaf to mix with the normal on a social plane, publicity on their behalf and the inauguration of centres which could advise them or their guardians at pre-school, school and adult levels. These services must co-operate with the teachers of the deaf to arrive at a real understanding of the problem.

Because of the difficulties encountered in the general lack of knowledge of the needs and effects of deafness, it would be advisable for State Governments to set up a permanent Advisory Committee drawn from workers in this field and members of the public who are doing voluntary service for the deaf, to consider all aspects of welfare of the deaf and to bring matters to the notice of the Ministries of Health, Labour and Education. This Committee would also serve as a co-ordinating force between different departments without whose co-operation it is extremely difficult to effectively administer this least understood of problems. A great worker in this field in America has truly said:

> "It is a group effort worthy of careful attention of those whose responsibility it is to make plans for our future welfare. Rehabilitating the deaf and the hard of hearing is a task for many specialists. Compared to other major physical disabilities the cost is comparatively small (because the potential is greater). Compared to any other human possession, hearing is, next to the mind itself man's most important asset for an integrated and satisfying social existence."

BLIND CHILDREN AND THEIR REHABILITATION

By K. N. K. Jussawalla

IN THE vast sub-continent of India, some two million blind live and keep their body and soul by begging. This figure is just a rough estimate; for no definite statistics of the blind, total or partial, are yet available in India.

It has taken centuries for people to realise that the blind, if provided suitable facilities and means, can be of service to themselves and others. The work of ameliorating the plight of the blind in India was started only about 60 years ago, the first school for the blind, a missionary institution, having been established in 1887 at Rajpur. What little progress has been registered so far is mainly due to the sporadic efforts made by voluntary workers as well as some of the blind themselves, who refused to believe that the loss of vision was a bar to their social regeneration and cultural advancement.

As a result of these sporadic efforts, the work for the blind has progressed at random in a sense that a number of institutions and associations have come into being for the service of the blind. Most of these bodies have insufficient funds at their disposal and hence have to struggle for their own existence. However, a beginning has been made in the direction of bringing into prominence the problems of the blind and the methods of tackling them and ameliorating their sufferings.

India has indeed to meet the gigantic problem of providing educational and welfare services for 20 lakhs

of her blind. The following comparative statistics will be interesting:

In the whole of India there are about 40 teaching institutions for the blind in which approximately 1,500 boys and girls receive training. This means that compared to the total number of educable blind children in the country, only 0.606 receive the benefit of some education. In the State of Bombay alone, it is calculated that there are some 5,000 blind children between the ages of 5 and 20. In the U.K. and U.S.A. the number of blind per one lakh of the population is 175, in Austria 66, in Bulgaria and Italy 57, in Germany 60, in Belgium 43 and in India as high as 500.

Responsibility of the State.—The Governments of all advanced countries of the world have taken upon themselves the responsibility of looking after the handicapped sections of their populations. In fact, they have recognized that it is the duty of the State to care for the disabled, the deaf and the blind and the State Exchequer makes a provision for it in their budgets.

In an under-developed country, such as, India, the welfare work for the handicapped is mostly shouldered by a number of voluntary organisations and philanthropists. Only in a very few cases the States seem to have taken upon themselves the responsibility to see to their benefits. The fact is that, under the conditions obtaining at present, no State is likely to afford the luxury to fully provide for the handicapped sections of the population, whenever a great majority of the normal human beings still suffer from poverty, illiteracy and low conditions of living. It may not, however, be logical to say that, because the normal beings are not yet culturally and economically rehabilitated, the handicapped people should be neglected.

It is commonly realized that the blind, the deaf and the crippled, if not rehabilitated, become a heavy liability as unproductive members of the society. On the other hand, any community stands to benefit if it adopts measures to throw open all the available facilities to educate and train the physically handicapped people, so that they become earning members of the society and add to the wealth of the country. If calculation could be made as to the number of all sorts of the handicapped people in India and the burden they constitute by living as parasites, it would reveal that the amount that goes as waste or that remains unrealised by allowing hundreds and thousands of people to lead an idle life, would be more than the country could expect ultimately to earn if these people were made self-supporting.

Conference of the Blind.—In January 1952, a Conference for the blind was convened in Bombay, the first of its kind, which very successfully brought a number of institutions and organisations for the blind together to pass certain resolutions to lay down a uniform policy, as far as possible, to relieve the sufferings of the blind. The main purpose behind the Conference was to establish a National Body, so that the different bodies working for the blind could be brought together in it and their work co-ordinated. This is a very big step taken forward and if the objects of the Association are executed, there is no doubt that the combined efforts of all will make the weight of the huge problem felt on the Government and the public. For the present, the Headquarters of the Association are in Bombay and already the West Bengal has established a Branch Office in Calcutta.

Even in the State of Bombay, the policy of co-ordination, as far as it is practicable, should be adopted to avoid overlapping in work. At present, the City of

Bombay has two schools and two homes for the blind. There is a school for the blind in Poona, one in Ahmedabad which is housed jointly with the deaf and mute school, one each in Baroda, Mehsana, Visavadar (Junagadh) and Bhavnagar. Of the two schools for the blind in the City of Bombay, one is specifically for boys between the ages of 7 and 20 and the other accepts blind girls and boys of tender age. The two homes are again housed in one and the same building and yet do different types of work: one, an industrial home providing some employment to the trained blind, while the other admits children committed by the court.

It is natural that the largest number of the blind will be found in the industrial home for the simple reason that, after completing their education and training in the teaching institutions, many of them, for want of any organised aftercare services, will find their way into this only Home which can give them shelter and work. Most of the other institutions, which may be called schools, register a lower number of students than the maximum accommodation they possess. This is certainly not due to the fact that there are less number of blind children of educable age. The truth is that, in the distant villages where usually blindness is rampant, very few are aware of these institutions. Besides, a blind child from a very young age can prove a good source of income by taking up begging as its profession. The poor parents cannot be blamed for this because they think they would be losing so much of their income by sending the child for years to a school, which may after all give no guarantee of economic independence to the child.

Blind Schools make Little Progress.—With some 80 different institutions and organisations working for the blind all over the country, it may be said that a good deal

of progress has been made to ameliorate the lot of the blind. But, if a close study of the work these various bodies do is made, it will be noticed that, however laudable their efforts may be, they are not in a position to put in much solid work for certain very important reasons, the foremost of which is finance. In many of these institutions, the staff employed is both ill-qualified and ill-paid. A good deal of the energy of those who start these institutions is used up in collecting the required funds to keep the organisations going. The institutions for the blind are supposed to be all residential and money has to be found not only for their education but also for their physical needs. The Braille literature which is both scarce and costly and the apparatus and appliances required for the education of the blind which again are dear to be imported from foreign countries add further to the difficulties.

The work for the blind in India on the whole ought to be systematised and that can be done only if the various organisations keep themselves in contact with one another and follow a uniform policy and co-ordinate their activities. For instance, in the country, there is not yet started a single nursery school for blind children nor is there in existence an up-to-date workshop for the blind. Practically no attention is paid to the female blind population, the majority of these institutions caring only for certain age groups among the blind. Nothing besides is done about the aged blind and even the partially sighted have hardly received any special care. All this must emphasize the fact that the onslaught of blindness comes at any time for any person. Commonly it is understood that blindness means absolutely no sight. This belief is fundamentally wrong for it really covers a very wide range of vision from total loss to fairly good sight. These

variations in the degree of vision create their own problems and in any organised scheme for the welfare and education of the blind, this important factor has to be borne in mind.

All the advanced countries have therefore seen the necessity of laying down the proper definitions of blindness, so that all the blind coming under that definition stand to benefit by the welfare services in their respective countries.

The ultimate aim of all education is to provide means and livelihood in accordance with the individual's aptitude. While in India we have a number of schools for the blind, we have no facilities whereby the trained blind can be absorbed into industrial, professional or sheltered employment. This definitely results in an economic waste of the time, money and energy spent by the institutions to educate the blind children which may not return in a very large number of cases any dividend. Those who are directly concerned with the education of the blind have experienced that the most tragic period in the life of a blind person is when he leaves the school and finds that after all the education he has received he can find no suitable employment for himself. It is admitted that very often the onset of blindness causes a keen sense of frustration in the victim. That may be true but a blind person will undoubtedly be more broken-hearted when, after strenuous efforts to forget his handicap and live like a normal being, he comes up against the wall which debars him from earning his bread.

Government Report on Blindness.—In the year 1944, the Government of India issued a report on blindness which is divided into two sections, the first dealing with the preventive and curative measures and the second, with the education and welfare services for the blind.

The report contains important suggestions for the organisation of the different services for the blind which could go to reduce the incidence of blindness and bring substantial relief to those afflicted by it. Among the causes responsible for the loss of sight are mentioned Small-pox, Ophthalmia Neonatorum (sore-eyes), Cataracts, Glaucoma, Trachoma, accidents and injuries to the eyes, squint, short-sightedness, venereal disease, mal-nutrition, unhygienic and low conditions of living among the poverty-stricken, ignorance about balanced diet and paucity of medical services in those parts of the country where they are essentially required.

Blindness in India is often called a village affliction for it thrives mainly in villages. The village folk seldom care to go to a doctor, much less to a hospital which may be far away, unless the case becomes very serious and perhaps beyond remedy. To meet this need, some States, particularly Bengal and Bombay, have organized Mobile Eye Camps which periodically visit different districts in their areas and attend to thousands of cases every year. A good deal of advance propaganda is made about the Camp, so that those who wish to benefit by it come to the Camp for treatment and operation. This, of course, partly solves the problem, for there are many who believe that an eye cannot be replaced in a regular ophthalmic hospital, however efficiently run.

As facts and figures prove, 90% of blindness in India is preventable or curable. In the United Kingdom, at one time small-pox and sore eyes claimed over 40% of blindness among the children. By adopting preventive measures, the U.K. has practically wiped off blindness by these two causes. Every baby that is born has to be vaccinated and also treated with a few drops of mild solution of silver nitrate in the eyes, so that it is safe-guarded

against small-pox and sore eyes. Doctors and nurses are responsible for it and negligence in this respect is considered a crime and the Law takes a serious notice of it. Every case of blindness, besides, is to be reported immediately and got registered. Not only this; the child or the person, so registered, is at once provided with educational or welfare benefits by the Local Authorities who are now asked by the Government to care for all the handicapped people in their areas.

On the one hand, the preventive measures have been successful in checking blindness and reducing the number of blind children and on the other, facilities for their education and training have successfully rehabilitated them as contributory members of the society. The system of blind education and the welfare services in the U.K. is so complete that it has provided a model for starting similar services for the other physically handicapped groups. All these services are now nationalised and the State, more or less fully, shoulders the responsibility of looking after the well-being of all, though the credit must be given to the various voluntary organisations which were set up in the past out of purely humanitarian motives to bring relief to the blind, the deaf, the mute and the crippled. So well and efficiently did they run their services that the State has allowed many of them still to exist and to continue their work or to assist the Government because of their long experience in that field.

Voluntary Organizations.—In India also, we have a number of voluntary organisations which have displayed the same zeal to make happy the lot of those to whom nature has been unkind. The charitably disposed people and the philanthropists as well as the humble laymen, fired with a missionary zeal, have selflessly given their money and service for the benefit of the suffering huma-

nity. However, if we only spoke about the number of the blind in India, we would be staggered not only by their numerical strength but also by the number of varied and complicated problems they give rise to. To organise and run educational and welfare services for 20 lakhs of the blind would require huge finances and an army of workers qualified in this field.

In the first place, if every State organised preventive measures to check the scourge of blindness, it would require a body of trained ophthalmic surgeons and a qualified nursing staff who would be posted at suitable centres within convenient reach of the village and town folks. In the resolutions which were passed at the First Provincial Conference for the Blind, Bombay, held in 1948 and at the All-India Conference for the Blind, Bombay, held in January 1952, the workers for the blind drew pointed attention to the inadequate medical services to treat eye cases and urged upon the States to take the necessary steps, so that the poorest of the poor could have the facility of being treated at his very door. How very essential this is, need not be repeatedly mentioned.

Propaganda about Causes of Blindness.—It has often been suggested that, along with the adoption of preventive measures, a regular propaganda should be made about the various eye diseases and the causes of blindness. In this respect, it is possible to print small illustrative pamphlets in the different regional languages for free distribution among the people, showing what care should be taken about the eyes, the common diseases which cause blindness, the best remedies thereof, the danger of quacks, dust and flies. Looking to the illiteracy among the people, it should be advisable to exhibit documentary films and suggestive posters. It has already been stated that the villages require the utmost help, for it is there that much

of blindness breeds and thrives. Young ophthalmic surgeons, therefore, should be encouraged to work in villages for which every possible assistance ought to be offered by the States.

There is no undue stress laid on this part of the blind welfare work; for the lesser the blind we have in this country the lesser will be the cost a State will have to bear for their regeneration and education. In any case, it must be recognised that the output of a normal man will always be more than that of a physically handicapped person, however ably he may have been trained. For this very simple reason, all efforts must be made to minimise blindness in the country. A number of people every year go blind who would never have been, if timely medical aid and advice were made available to them. In other words, by taking a negative attitude we permit blindness to do its worst while we note that, practically in all the cases, we could have prevented it.

Different Age Groups and their Education.—Since blindness comes at any time, educational and welfare services for the blind would have to be so organized as to look after the different age groups. We can conveniently set out four age groups for the purpose. In the first group, we have children upto 6 years to be cared for in nursery homes. The chief aim of such homes will be to train the blind babies to so adjust themselves to their handicap as to be able to develop the same habits as normal children. The main activities in these homes will be, therefore, directed towards their complete rehabilitation. Music, skilful manual training through handling of various articles to know their shapes, sizes, weights, smoothness, roughness, etc., clay modelling, plenty of open air games, climbing, swinging, playing in sand pits, studying the surroundings, smelling plants and flowers,

smelling them to distinguish one from the other, listening to the various sounds and recognising them and so on are some of the activities which could be organised in the nursery homes. The children should be constantly under medical and ophthalmic treatment specially for those who require it. At this particular time, children need not be pushed into fingering Braille. An intelligent staff will know how to lead the child in a natural way to the study of Braille later. Since Braille consists of embossed dots, counting beads and sorting them out according to their sizes will train the little fingers to use dexterously their tactful power. Habits of cleanliness, physical and mental, a well balanced diet and properly regularised activities will produce the desired results.

The second group will be for children from 7 to 12. Here the children will have their schooling in Braille and in other subjects, with again plenty of games, exercises and other extra-curricular activities which would assist them to take a lively interest in their environment. Emphasis will also have to be laid on manual training and the curriculum ought to include simple crafts for boys and girls to make things so that, as they grow up, they will be in a position to make a clever use of their fingers.

The third age group will be up to 16 and the children falling under this group will have a systematic education in all the subjects which are taught to the normal children. I need not repeat about plenty of activities outside the time-table which are very essential for the blind for their healthy growth.

From 16 onward, we may have a sort of bifurcation in accordance with the intellectual capacities of the blind. Those blind who show a high intelligence quotient should be allowed to pursue the academic education up to the S.S.C. Examination. The others should be encouraged to

qualify for suitable crafts which they can take up as means of livelihood in future.

The U. K. Experiment.—In the United Kingdom, two public schools exist to admit students for higher education. The one in Worcestershire is for boys and the other at Chorleywood for girls. In both these Colleges, as they are called, the competent blind receive just the same type of education which is imparted to the normal children in the other grammar schools. The blind, after passing out of these Colleges, get employed as shorthand-typists, telephone operators, piano tuners and repairers and physio-therapists, after completing the course in the physiotherapy school managed by the National Institute for the Blind. There are other avocations also for the blind which call for ability and skill.

For the second group of students, training is provided in a number of industries and crafts and after four years' thorough grounding they either enter a sheltered workshop for the blind or take up a job in a factory. There are, in the United Kingdom, about 70 sheltered workshops for the blind, the biggest being in Glasgow. The trades followed in these workshops are interesting. They include shoe repairing, machine knitting, both circular and flat, mattresses and brush making, upholstery, wire works, soap and plastic manufacture, basketry, and cane-work, furniture making, piano tuning and weaving of mats. The workshops secure large Government and hospital contracts and their annual output amounts to thousands of pounds. During the last War, many of these workshops showed good profits. However, things have changed after the War and almost all of them are now running into heavy losses. All the blind workshop employees may not be able to produce the maximum expected of them in a week's time (they are paid weekly wages).

At the same time, a minimum wage is fixed by the Government which every worker must get to make decent living possible. If a blind worker produces less, his wage is made up by an augmentation which may come to a few shillings or over a pound every week. As a result the workshops present a deficit balance every year.

Where practicable, the blind are employed to work in their own homes for which purpose the National Institute for the Blind, the Royal London Society for Teaching and Training the Blind and other bodies run the Home Works Scheme in their respective areas. A Home Worker is supposed to be a better workman and has the advantage of being assisted at home by his wife, if married, or by any other member of the family. He is supplied raw materials at market rate; and his articles which remain unsold are collected and disposed of by the Society under whose care he may happen to be. This scheme decidedly is much better and cheaper than the workshop method of employment.

But the best way of getting the blind employed is in open industry. In such cases, the blind enter factory employment and are in no way a burden to others so far as their income is concerned. Factory employment for the blind became a possibility at the time of the Second World War when there was shortage of man-power. The St. Dunstan's and the National Institute for the Blind took a lead in this matter and after a hard struggle succeeded in securing jobs in factories for a number of blind. In the year 1950, the National Institute for the Blind was able to place 300 blind in factory employment. Actually, today, the number of the blind employed in open industry exceeds that in the sheltered workshops for the blind. This has been achieved by the excellent Placement Service which these two organisations have evolved. There

are paid Placement Officers who are expert industrialists, who visit factories, speak to the Managers and find out the kind of work which a blind person can do and then select the suitable blind for training and fix them up for work.

The blind can be proficient in a number of trades and professions if they are given facilities for training and are offered opportunities of employment after their training. In the Western countries, certain trades are reserved for the blind and other handicapped in factories, etc., and it is now the practice to give employment to them upto a specified percentage of the total employees in a factory. Investigations are made in the beginning to find out as to what particular mechanical process will suit for the employment of the blind, and then ways and means are found to train the blind able to do such work or who show a natural liking for such work. Employment then follows on the same basis as for those with sight. The owners of factories report on the quality of the work by the blind and these reports are practically in all cases favourable; so high is the standard of efficiency maintained by the blind workers. No room is kept for any slipshod modes of work and the blind, in spite of their handicap, have to return value for value. Certain amenities are provided to the blind employees voluntarily by the employers. Blindness is such a big handicap that it results in 25% liability.

Vocations for the Blind.—In India, we have still only simple trades for the blind. The training is such as to turn out workers who more or less can commercially compete with the normal workers. A lot of improvement is necessary in this and the question of opening an Employment Bureau thereafter may become imperative. But what is of primary importance is to organise the nature

of training in such a way as to make the blind expert craftsmen and put them in a position to hold their own in the market.

The following list of trades and vocations will give an idea of the possibilities of employing the blind in them: Sisal hemp work; bookbinding; envelope making; tailoring; wickerwork; silk bag making; hawking; newspaper selling; canvassing; insurance agency; leather work; metal work; poultry keeping; journalism; law; translation work; salesmanship; secretarial, laundry and mat making work; moulding bricks; paper packet and tape making; grinding and husking work, etc.

Over and above this, the blind can be trained to be musicians, masseurs, teachers, telephone operators, shop keepers, etc. The blind can also be employed as home teachers and their success in this is recognized everywhere. Those blind who cannot earn all on their own may be employed in sheltered workshops on wage system.

The Ford Company has in employment about 11,000 handicapped workers, of whom about 1,200 are totally or partially blind. Mr. Edsel Ford writes (1943): "No Company regards such employment as charity or altruism. All our handicapped workers give full value for their wages and their tasks are carried out with absolutely no allowances or special considerations. Our real assistance to them has been merely the discovery of tasks which would develop their usefulness."

Much work in this direction remains to be done in India. In other countries far advanced in rehabilitating the blind, the whole intricate problem of integrating the sightless has been very methodically dealt with and the State and Society have both joined hands in securing independent living for those blind who can be contribut-

ing members of the society. The aged and the disabled blind have also been adequately provided with pensions and other relief to make their life cheerful and tolerable.

Expert Planning Necessary.—This matter of rehabilitation of the blind in India requires to be thoroughly organised. It cannot fully take shape unless the systems of education and technical training for the blind have been put on sound footing. There are very few of the blind in India who can earn independent bread. For a majority of them, the only possible employment may be in sheltered workshops with subsidies, from the Government or the society. Only expert planning can treat this question with success and it cannot be done overnight.

What is Blindness.—The question "What is blindness" is not so simple to answer for a layman, because there are several factors related to blindness.

Usually blindness implies total loss of sight. This belief is not correct. Blindness exists in varying degrees from person to person. In between total loss of vision and normal retention of sight, there are various shades of blindness and each such group has its exclusive mass of problems.

Popularly it is regarded that with blindness comes also mental, moral, economic and social setbacks, complete in their effects. This is another wrong belief. Here again the cause of blindness has to be considered which sometimes destroys mental capacities and sometimes leaves the mind unaffected. Helen Keller lost her sight and hearing from the effects of a very bad fever but her mental equipment was fortunately left unmarred. She is today acclaimed as the "Wonder Lady" of this and perhaps of many succeeding centuries.

Blindness does not come to persons only at a particular age. There are 'born' blind, adult blind and aged blind. That is, blindness comes not as one commands but at any time it pleases and in any form or intensity it chooses. It is sometimes accompanied with other handicaps, as in the case of Helen Keller. It may also leave physical deformities, ugliness and feeble-mindedness behind it.

Individual mental cast has also to be borne in mind when we try to understand blindness. All the blind are not the same. As with the sighted, so with the sightless, individuality counts. Otherwise there would not have been Brailles, Fawcettes, Homers, Miltons, Pearsons, Nilkanthrais, Roys and others.

For practical purposes, we should then consider blindness as a mere physical loss. In so doing, we accept the blind as otherwise normal beings, capable of instruction and reserving a social status equal to that conceded to those more fortunate than they. This alone will enable us to solve, in a practical manner, the problems of the blind.

Blindness is defined in many ways, depending on the angle with which one views it. Doctors will say that it means incapacitating a person from making a normal use of his eye sight, never mind the cause or the age. The objective way followed is by means of the Snellen Chart, used by all ophthalmic surgeons. Persons having vision of 20/200 are called blind. The 20/200 signifies that the topmost chart line which is normally readable from a distance of 200 feet is read only from a distance of 20 feet.

Lt.-Col. E. Kirwan, an ophthalmist, has defined total blindness as being inability to count the fingers of the hand from one foot; a person is classed partially blind if he is not able to do so by stretching his hand out.

An economist will define blindness as making an individual unable to eke out an independent living.

From the social point of view, that person is blind who cannot "hold his own in Society", whereas from the point of view of an educationist, blindness will denote that condition of eyes as will not make it possible for an individual to educate himself through ordinary print. India has yet to arrive at a scientific definition of blindness to avoid doubt, confusion and varied misinterpretation.

Like discussions on blindness, there are many degrees of blindness as well as many types of the blind. There are the nervous blind, the challenging blind, the servile blind, the despairing blind, the aggressive blind, the mentally wrecked, or even morally dissipated blind, and the blind, who show traits of refined intellect and a high moral tone, the frustrated blind and the keep-up-the socially acceptable or the 'revulsion' sorts, and so forth. This should make clear why individuality counts so much in the treatment of the blind. Grouping all the blind into just one class is most dangerous and undesirable. At the mention of the word blind, it is false — not to say stupid — to create a picture of an individual in rags whom we meet at street corners or of an entity possessed of genius to perform impossibilities or incredible miracles as may have been witnessed by us on occasions outside or inside some blind institutions. Variety in individuality is not the monopoly of only those with sight; it is equally shared by the sightless too. All the lame or paralysed are not the same, and so we must acknowledge the clear fact that there are blind and blind.

A lot of confused thinking prevails among the sighted about the blind, their cruel fate, their capacities and powers or powerlessness. One class of people consider

them to be bereft of all gifts to be of any use to themselves or others; another group credits them with superhuman powers. There may be intermediary class of people who either gossip about them or make guesses about their ability to perform one trick or the other.

This clouded consideration by the sighted of those who are really in no way different from any group of normal human beings makes a complex problem only more bewildering. The blind have, therefore, come to be segregated from society whereas they have the birthright to be in it as its part and parcel. If their claim to citizenship has not been justifiably accepted, it is mainly because of the 'halo' of myths that is diffused round the blind.

Of the five senses, sight is the "master sense". Its loss, at least temporarily, creates a condition out-of-gear with the remaining senses.

If we take the instance of a baby which has lost its sight in infancy, we find that the normal channel of knowledge is closed for it. It has, therefore, to relie on the other senses to collect impressions of its environment. If the parents are understanding enough, they will bring the child's other senses into active play. Unfortunately, the parents do not always come out to be so very understanding and the baby remains blind and its other senses grow numbed out of disuse. Consequently, the child comes to be educationally retarded and socially unacceptable.

If we imagine the case of an adult losing suddenly or gradually his sight, he recedes from society out of frustration and suffers a mental and physical collapse. What he needs is a good shaking to rouse him to recognise that, in spite of his severe handicap, he can still be a useful man. Readjustment to new conditions again

makes him live his original self. But facilities for this must exist to prevent him going insane or committing suicide.

These examples need not convey the idea that all children blinded in tender age or all adults going abruptly or slowly blind will develop according to plan. But broadly speaking, this is the usual result. One point must, however, be noticed, viz., that the blind, left to themselves, will always be a liability in one form or other and if reclaimed, will turn out useful members of the society.

So very much are we addicted to the use of sight to receive sensory impressions, that we fail to realise that other faculties many times interplay to fix these impressions on the mental plate. We forgot the "inner eye" that sees things even when the physical eyes slumber. We count on memory which helps to retain these impressions. When we eat pudding we see it and *taste* it but miss perhaps its savoury odour. We shall admire the colour of a silk cloth but hardly enjoy the thrill of feeling its texture. Blindness must automatically awake other senses to substitute it and there is no miracle about it if the blind addresses a person by his name on hearing his voice or knows the presence of ladies in a hall through perfumes wafted to his nostrils. Efficiency comes more by practice than by simple seeing.

Improper grasp of these facts has led us astray in our conjectures about the blind. It is our vision, therefore, which necessitates correction to view the blind from the right perspective.

Importance of Hearing Faculty.—On having lost his sight, a blind person depends most on his sense of hearing. It is believed that about 75% of his impressions of the outside world come to him through his auditory sense.

He also has to fall on his olfactory and tactual senses to tell things one from the other; so also it may be that he tastes things, not always, with directed attention to notice some unusual flavour.

The constant use of his other remaining senses sharpens them and this is only a natural and a matter-of-fact development rather than a wonderful phenomenon. Commonly we say that God compensates the blind by bestowing on him added gifts, such as, over-sensitive touch, extraordinary power of smell, or a keen sense of hearing. Scientifically, it has been proved that in many cases it is contrary and that with blindness other senses go dim unless educated to perform their functions.

Limitations of Other Senses.—But how far can this education be carried? Standing at the seashore, a sighted person will embrace the whole landscape in breadth, length and height measured by miles. And the colours? The sightless will be satisfied by the smell or salt water, the sea breeze and a few intermingled sounds that will be overtrying for him to know from what objects they originate. This brings out very significantly the limitations of the other senses in comparison with sight. That is one thing. It must also be noted that the factor of fatigue sets another big limitation to the four senses still possessed by the blind. This will be easily understood if we recollect some of our experiences when we were constrained to use our senses other than sight, e.g., when we happen to be in a dark room. We stimulate our sense other than sight to know our whereabouts but not for any length of time. Fatigue takes possession of us, if not fear.

Reading Braille fatigues the fingers more quickly than reading a printed book with the eyes. The same is the case with the other senses also.

A child at home will develop in accordance with the attitudes shown to it by those who come in regular contact with it. A normal child usually claims normal attitudes from its parents at home. Difficulties specially arise in abnormal and sub-normal cases and the failure of the parents to cope with the uncommon situation may result in headaches and sorrows. Attitude is one of the many influences shaping the destiny of a child. Our likes and dislikes are the creation of our attitudes to things. One man's poison is another man's food, and similar other sayings have at their back the influence of man's favour or disfavour towards certain aspects of life.

How we take up certain attitudes cannot be easily described. At times, it is a subtle process and almost inexplicable. At school 'A' could make friends only with 'B' and not with 'C' though 'A' has no grudge against 'C'. Some of our attitudes are with us from birth as in our preferences to sweet over bitter or to beauty over ugliness. Religion, status in life, education and culture are the influences that shape our attitudes. These are patent as when we resent falsehood and like truth, or wish to move only among an intelligent class of people.

But attitudes can themselves be wrong for they may generate from distorted concepts. Religion is good, but bigotry is not. Loving intelligent company is helpful but detesting those not blessed with mental capacities is surely injurious to both and in the end to society. Recognition of this has produced harmony out of discord and literacy out of illiteracy. Pages of history are tainted with persecutions, tyranny, murder and arson because of the failure to produce correct understanding of situations.

Modern philosophy has removed many of our misconceptions of things and brought about a change for the

better in several of our attitudes. Our attitude to blindness is one example of this changed attitude and the world is happier for that.

Society and the blind have for long been out of tune with each other, because they have misunderstood each other's relative position. While this has become a story of the past in some countries, in India and many of the Asiatic lands, these sad episodes persist with baneful consequences.

Blind Children Neglected.—In the home of the poor, the blind child is a neglected creature as in the home of the rich it is a pampered and spoiled little "rajah'. In both cases, parents' ignorance produces adverse results and prevents the normal growth of the child. The poor man's blind baby is slovenly in habits, awkward in gait, uncouth and possibly expressionless due to mental starvation. The wealthy man's blind baby receives more than what it wants and gives less than it should in return. As a result, it is a demanding, sullen, and give-me-all product. In one case, the child comes to think that life, as far as it is concerned, is to live alone in a corner; in the other, it considers it its birthright to get as much out of others as required without a thought for them. Home environment, it will be seen, is not so congenial for the wholesome growth of these children.

Society has not so far given much careful attention to the problems of the blind. It approaches the blind more on the basis of the prevailing beliefs about them than in a mood to be of real assistance to them. There are fatalists who are convinced that afflictions come as punishments for previous sins and, therefore, are to be suffered quietly; there are superstitions about certain maladies which cause blindness as in the case of small pox, or there is the deeprooted philosophy that the blind are good-for-

nothing beings and the only service to be rendered to them is to help them with a few coppers or to carry them safely across a road.

The blind in their turn have come to imagine that their lot is impossible of improvement, that they are born to be dependent and to live as parasites. The verdict of society —unfair in all respects—has quietly been accepted by the blind and so the thin end of the wedge inserted centuries ago has widened the gap between the two. The blind have happened to exist more and more apart from the society. Only their regeneration back into the fold of the society will ultimately give them their true position in life.

The whole discordant note would have been too jarring but for the fact that neither the Society nor the blind are to blame for these feelings of unfriendliness and lost love born of incorrect understanding begotten by age-long customs, ignorance and superstitions.

The whole question then boils down to this : that, unless society is instructed about the needs of the blind and in understanding their problems better, the right background cannot be obtained to bring the blind to social patterns. In the absence of this requisite information, society will continue to think that what it does is just the thing required of it.

The blind necessitate a corresponding rational comprehension of their position in society—how much they are dependent on their sighted friends for their amelioration and how far they can be of help to them to enjoy equal right with others. This mutual understanding will do the spadework for a complex planning of the betterment of the wretched conditions in which the blind have been living. This is discarding old robes for new, in thought and attitude.

We have noted before the numerical strength of the blind in India. Their very number is staggering and in combination with their innumerable problems, the subject wears a more thorny appearance. It is a Gordian Knot but it requires no slap-dash cutting. This can be understood from what we have been discussing so far. Two factors go to relieve us of this confused state of affairs.

Firstly, we have the examples of the Western countries which have done splendid work in this field. From them, we can obtain all our data for a scientific solution of this problem.

Secondly, we had in our own country some pioneers who, aware of the facilities provided on the Continent for the education and welfare of the blind, undertook similar tasks here, in spite of the odds facing them. We are hundred years behind our Western brothers, but we have been growing stronger in this work in the last fifty years. One cannot find adequate words of praise for these torch-bearers for magnificent efforts made by them to light the path to education, social rebirth and economic independence of their sightless fellow sufferers. What is therefore, needed is the consolidation of what is already there and its expansion and well-planned development.

Much Remains to be done.—It will, in spite of the creditable work done by some of these pioneers, have to be admitted that much yet remains to be done. Private enterprise has only gone to accentuate the immensity of the work that awaits the attention of the Government and the society. For one reason, it must be understood that even the best efforts on the part of these enterprising individuals will hardly carry them to touch the mere fringe of the whole question.

In the National Scheme of education, the care of the blind children and their training ought to form an integral part. Sooner or later, the Government of India will have to consider the question of social and cultural integration of the blind. The scheme outlined here may be given shape to as and when finances permit, and there are enough trained workers to implement it. It would also be advisable to establish a Research Department, the important task of which would be to find out suitable fields of employment for the blind. Properly equipped training centres for the blind also would have to be established. The blind then could be employed in sheltered workshops, or in their own homes under the Home Workers Scheme, or in open industry or, in the case of intelligent blind, in offices and professions.

In conclusion, one cannot refrain from mentioning the necessity and the value of Legislation by which (i) blindness could be defined; (ii) the blind could be registered; and (iii) be provided benefits of education, training and employment.

HOMELESS CHILDREN AND THEIR REHABILITATION

By Dr. B. H. Mehta

THE problem of lone, homeless and helpless children needs a separate and special treatment from the problems of physically and mentally handicapped children, maladjusted and problem children, and juvenile delinquents. The orphaned child, the child who is without a shelter or home due to various reasons is like any other child; but it none-the-less suffers from handicaps which at all times have been considered serious in all societies. In India such children have been looked after for centuries by the joint family or relatives, the regional community, or the caste to which the child belonged. Children's institutes have always been created to provide bare shelter and maintenance to such children.

Today the nature and extent of their problem has to be understood in terms of existing social and economic conditions and the new understanding of the child that sociology and psychology have revealed to civilization. The problem in India is acute and vital because the joint family has practically disappeared, the regional community is poor and the caste is disintegrating. Meanwhile the responsibilities of the State have increased, and it is now universally accepted that such children need special care, adequate opportunities for growth and development in a democratic society, and effective rehabilitation.

The problem has also become complex, difficult and extensive on account of the acute conditions of poverty, high birth rate, early marriage, and the existence of well

organized and ruthless agencies for the exploitation of such children by making them beggars, exploiting their labour or introducing them to vice at an early age.

The problem of homeless children has to be studied as a part of the larger problem of beggary and the general problem of trafficking in children. The mere provision of a minimum shelter and maintenance for such children is inadequate in a new and free India, or in a civilized society which realizes its duty and responsibilities towards its future citizens. The extent of harm that is done by the neglect of such children is not realised by modern overcentralised societies which are far too engrossed in the economic and political problems of the day at the cost of vital social problems. The absence of a parent, home, proper environment, security and even minimum opportunities for education and social developments are bound to create a body of unhappy, undeveloped, inefficient, and most probably anti-social citizens who will in course of time be a cause of social ill-health, and cost the country heavily to protect itself from their menace, or remove their handicaps and maladjustments when probably it will be too late to do so. The neglect of these children contributes directly towards the increase of crime, social vice and beggary.

The problem of the homeless child should not receive merely a sentimental and sympathetic approach; it has to be realized in terms of the fact that such children suffer because of no fault of their own and that they are utterly helpless to deal with their problems. Neglect of these children seriously affects the social health, morale, and culture of human communities and also offends against the dignity of human personality. It destroys self-respect, and is evidence of great social injustice in a democracy like India's.

Need for Research.—Whilst the existence of this problem is fairly well known, the number of homeless children requiring the urgent care of society, and the nature of the problem in the different States or in the urban and rural areas is hardly known. Three measures are needed to obtain useful information about this problem. The next Census of India must obtain a basic information about the whereabouts, age and sex of such children. Secondly, local and regional surveys must be carried out by Municipalities, the Community Development Projects, the Bharat Sevak Samaj, Community Welfare Agencies, and Child Welfare Agencies to find out the magnitude of the problem in selected and well defined areas; and thirdly Universities, Schools of Social Work and research bodies, if possible with the help of International organizations like the UNICEF and the Red Cross, must attempt to study the problem in all its aspects, including a study of methods, programmes and institutions.

Finding the homeless child.—The problem of locating such children becomes very difficult because children by themselves do not realise the need for reporting themselves to a police station, or a child welfare agency. The community can easily act on their behalf, but, in far too many cases, no attention is paid by those responsible when such cases are reported, and such children easily come across unscrupulous persons and agencies who do their utmost to hide the identity of the child. Such children exist in large numbers with professional beggars, in the homes of prostitutes, and even in not too genuine, uncertified and uninspected orphanages, 'anathashrams', rescue homes and the like, where children are inadequately cared for, exploited, or brought up for the purpose of exploitation. A large number of displaced children in

India are looked after by agencies created or supported by the Ministry of Rehabilitation; some must have been quietly adopted and some others must be still left to be located and assisted by the State. Homeless children are sometimes foundlings whilst numerous cases are come across in famine-stricken and distressed areas. They are also found travelling in railway trains, on station platforms and highways and in city streets, escaping from homes they are willing to disown. A large number of these children are destitutes. There are certain backward areas and communities which are known for trafficking in children after they are disowned or disposed of by their parents.

Legislation.—Social legislation in India with regard to the child needs careful scrutiny. Not all the States have made legislation to protect homeless children. Also there is no uniformity of legislation, and in certain cases, it is weak and defective. The Ministry of Education, Government of India, has prepared a model Children's Act to assist the various States. The Act deals with homeless and destitute children and juvenile delinquents. While this could be done, it is essential to realise that the two categories cannot be uniformly treated in all stages. Responsible police officers could be authorised to deal with non-delinquent children without submitting cases to juvenile court magistrates; child welfare agencies could effectively act as investigating agencies; and normal children suffering from social and environmental handicaps should not be lodged and treated together with subnormal, problem, or delinquent children. Adoption is another vital factor that needs to be dealt with carefully by legislation. Adoption of homeless children by unidentified parents should not be permissible without legal sanction and careful scrutiny of their ability and fitness

for adoption. The need for proper registration, certification and regular inspection of children's institutions should be immediately attended to by legislation in every State without exception.

Agencies for welfare.—A vast problem which requires careful attention in every district and in all the States cannot be dealt with adequately by any single agency. It is recognised that problems affecting large numbers of people, especially when they involve the health, happiness and welfare of a vulnerable section of the community, should be the responsibility of the State, and the State will have to bear an increasing burden to deal with the entire neglected and helpless child population of the country. The Local Self-Governing bodies in the country, financially aided by the State at higher levels, are the fittest bodies to manage sufficiently large children's institutions, at the same time providing the administrative machinery to deal with the problem and organize programmes of non-institutional care of such children. It is at the same time feasible to recognise a number of important national children's organisations to undertake programmes on behalf of the State, and obtain additional aid from the community. The Children's Aid Societies, the Indian Council of Child Welfare, the Kasturba Gandhi National Memorial Trust, and the Indian Red Cross are entirely suitable to give their respective share in the treatment of a difficult national problem. Close co-operation, co-ordination of activities, and divided responsibilities for specific areas are urgently needed in order to give immediate attention to the care of helpless children. A number of new agencies are ideologically and functionally suitable to create institutions in both urban and rural areas to cater to large numbers of children in large areas. Amongst them could be

mentioned the various sarvodaya organisations, the Community Development Projects, the Balkan-ji-Bari, the Adivasi Seva Sangh and the Bharat Sevak Samaj. These organisations could especially provide for the care of small groups of children in villages, and organise schemes for encouraging regional community welfare agencies to take increasing interest in a predominantly local problem. They could especially develop programmes for the adoption and foster-care of children by responsible and well-to-do-families.

Need for Pilot Projects.—In order to focus public attention on this vital problem, guide and demonstrate right and suitable methods and types of institutions to the State and private organisations and study the problem in detail, a Central Ministry, the Planning Commission or a specially created Welfare Board should create pilot projects to deal with large numbers of children in some of the central and important areas of the country. The Punjab, Bengal and Bombay are most suitable areas for this purpose as large numbers of displaced children are located in these States, and Calcutta and Bombay are the cities in which extensive trafficking in children is carried on. Children's Villages, Boys' Towns, Boys' Farms, and similar large projects should also be undertaken under State auspices in all the States, with the help of the National Children's Organisations.

Classification of children.—Whilst the basic needs of all homeless children may be similar, specific age groups require well conceived programmes to suit their special needs during the various stages of growth. According to International decisions and national practices, the age groups catered to are between birth and seventeen plus years. It is possible to divide all children upto eighteen years into four basic age groups as follows: From birth

to three plus, four to six plus (five is possible if an earlier admission to the basic school is possible or desirable), seven to eleven plus; and twelve to seventeen plus. Regulations for the registration of children's institutions or agencies should require that they should be able to provide a minimum of services and programmes over and above providing the basic needs of protection, shelter, food, clothing and recreation.

The first group of children upto three plus contains foundlings, orphans and children of totally destitute parents or parents committed to institutions for crime, insanity, etc. Adequate facilities do not exist to cater to this difficult age group; and some of the organisations are religious institutions which bring up children in religious denominations that are different from the religion of the child at birth. A number of carefully selected institutions and agencies, capable of looking after the health and physical development of children, providing foundling reception service and an infant welfare service, wet nurses, and a day nursery is needed in all the States.

Special attention needs to be given to the problem of unwanted children, and children born of unnamed parents. It is the duty of society to protect such children from any stigma or vicarious punishment, deal with the difficulties and handicaps of their parents if they are known, and restore such children to either of the parents at a later stage, if possible. The functions and powers of the police, recognised child welfare agencies and institutions, specially empowered magistrates, and probation officers and vigilance officers who may function as case workers for parents, need to be specifically defined. There is also the need for an efficient and well organised receiving agency, investigation agency, and case work agency in specified areas, over and above the normal infant wel-

fare and day nursery service which is essential to deal with children of this age group. Orphanages, homes for normal and healthy widows, foundling homes, and children's homes organised by community welfare agencies are most unsuitable to receive such children and provide the necessary services. The lives of unhappy and helpless widows could become happy, and they could find suitable gainful employment if they could be trained to become superintendents, supervisors, nurses, case workers, receptionists, attendants, cooks, etc. in institutions looking after very small and homeless children.

Many of the above mentioned services together with a well organised pre-school or kindergarten is needed for children between four and six plus; whilst a comprehensive basic school with definite vocational bias is needed for children between 7 and 12 years.

Pre-school training and basic school concepts are yet inadequately developed in this country. Institutions promoting programmes for the training and education of homeless children should be specifically used as field experimental centres by the Education Ministries of the States. Useful experiments in child psychology, methodology, utility of educational apparatus and materials, various kinds of tests, measurements of physical development, etc., could be carried out at such experimental centres, the State paying these institutions for their services in the field of research and educational advancement. Another vital use can be made of such centres by using them for the purpose of training field workers, playground leaders, case workers, etc., through short term courses, training camps and summer vacation courses.

Very great attention needs to be paid to the care and training of homeless boys and girls between the ages of

twelve and eighteen. It is possible to organise Homes, Children's Villages, Boys' Towns and similar institutions for the benefit of this age group. Rehabilitation in terms of employment, marriage, or placement in families is the main objective of such institutions. These institutions could be educational-cum-boarding, or purely boarding institutions; the inmates in the latter case being allowed to study in local schools or polytechnics. It is very essential to run such institutions on a "self-service" basis, thus reducing the cost of administration. Through a careful organisation of agriculture, dairies, and crafts these institutions could also become partly self-supporting. If careful attention is paid to the organisation and development of such institutions, they can achieve a high standard of personal development of the inmates, especially attending to physical fitness, character and personality development and citizenship training. Opportunities for social development and leadership can prepare the inmates to become national assets, capable of contributing creatively to national life and culture. Maximum attention will be naturally paid by such institutions to prepare the inmates for a productive economic life, providing them with vocational training in rural and urban vocations, and services like vocational guidance and youth counselling. A carefully organised marriage bureau can help the youth to find suitable life partners with whom they could settle down as independent family units. In areas where it is found difficult to provide boarding, educational, vocational and rehabilitative services involving the institutionalisation of children for more than ten years, a family placement service could be organised so that the State could help approved persons to become foster parents, or receive the inmates in their families for approved avenues of economic rehabilitation.

There is an imperative necessity for a follow-up service in institutions which aim at the rehabilitation of helpless children. The service should be provided for a minimum period of three years. Boys and girls rehabilitated through employment, marriage or placement need useful guidance in the early part of their lives.

Instead of adopting uniform types of schemes and creating similar children's institutions all over the country to deal with a problem affecting thousands of children belonging to different rural and urban areas, social structures and cultural patterns in the various States possessing varying degrees of resources, it is possible to carry out important social experiments and initiate local agencies for child care according to the size of the problem and the needs of each area. The following six types of programmes are suggested to deal with the problem using methods of institutionalisation or family placement:

1. State owned Children's Farms may be organised as Pilot Projects by the Government of India, or the State Governments in rural or semirural areas. Such schemes should be aided by the UNICEF and other international organisations.

2. District Children's Homes may be provided by local self-governing bodies, aided by the State.

3. Adoption and foster-home schemes may be promoted in rural areas, placing children with selected and approved families of farmers.

4. Children's Boarding Homes could be suitably organised in cities and towns.

5. Children's Home-cum-Polytechnics may be organised by child welfare agencies in co-operation with associations of various industries.

6. Urban foster-home schemes may be promoted by the Children's Aid Society.

A number of important purposes can be served by State Children's Farms where from very young age children could be brought up in a rural atmosphere to become good farmers and develop a new community life where members live together, associate, co-operate and work for the common good of the community. Such Children's Farms should be developed in extensive and under-developed rural areas where they can become the nucleus of community living. They will contain simple hutments and dormitories constructed, if possible, by the inmates themselves.

In the first instance older groups of boys and girls between 12 and 18 years may be admitted to develop programmes of institutional constructions, agriculture and handicrafts, recreation and physical fitness. The institution could become self-sufficient for its internal management and service. The inmates could be trained to become carpenters, masons and house builders and they could gradually build small houses and dormitories for themselves to replace the original huts. A number of families of cultivators selected for their efficiency, may cultivate seventy-five per cent of the institutional land in the first instance, and manage a small dairy, thus providing food for the inmates of the institution. The remaining land may be assigned for training purposes. After a few years, when inmates grow up and are rehabilitated, they may organise and settle down in co-operative farms in nearby areas. The agriculture, dairy and crafts programme will be accompanied by a literacy programme, and the institution can develop an intellectual life suitable to rural environments.

The Children's Farm will gradually provide for the normal development of a healthy community. The assembly hall, recreation grounds, workshops and a well developed programme of arts and crafts will provide the best possible atmosphere for a healthy and happy community life. The institution will also develop social services like a hospital and dispensary, library and reading rooms, or open air theatre, post office, bank, consumers' co-operative, marriage bureau, counselling service, etc. Educational and training institutions may be gradually created after a few years to admit children of the three lower age groups. A basic school, an agricultural school and polytechnic, a day nursery, and a foundling home and country creché could be brought into existence when resources and personnel are available.

In order to provide for the care of helpless children all over the country, District Children's Homes providing for a programme of minimum care and shelter to children ought to be organised by local self-governing bodies, entrusting the management of such homes to the Kasturba Gandhi Memorial Fund, the Indian Red Cross, a local branch of the Indian Council of Child Welfare, or any other suitable private agency. Such institutions may be created in towns, but they could be more cheaply managed if they were located in nearby villages. Such Homes should preferably cater to smaller children upto eleven plus and grown-up homeless boys and girls may be sent to larger State Institutions or boarding schools; or they could be found foster homes amongst families of cultivators.

Where district homes are not in existence, and especially where Community Development Projects have been started, it is possible to develop a programme to entrust homeless children to selected families of cultivators. Such

families should be carefully selected and aided by follow-up officers who could be project personnel, teachers of local high schools, scout-masters, or local voluntary social workers. It is well known that families of cultivators of small holdings have a healthy family life, they have a love for children, and enough work could be provided for youngsters. If provision is made by the authorities for a small allowance to the family, they may be habituated to look after the small number of homeless children in the village or the neighbourhood. Existing family traditions and the large size of the family may appear to be serious handicaps in the beginning, but the Indian villager is never as conventional and conservative as he is generally supposed to be.

A number of children's homes, boarding schools, orphanages, etc., exist in the country. The primary need is to make these approved and certified institutions, subject to a minimum of control, supervision and inspection. These institutions need to be managed by a superintendent with some qualifications and knowledge of child welfare. The Managing Committee should consist of responsible and effective voluntary workers. Local self-governing bodies should be empowered to appoint official and independent visitors to supervise the work of the institutions. A minimum standard of living, boarding, recreation and service for child development should be expected of all such institutions.

In large cities and industrialised areas with a developed industrial life, employers of large industries like textiles, jute, cement, etc, may create children's institutions with boarding and lodging facilities to bring up children to work as skilled workers in these industries. The system of training may be somewhat on the basis of the German Labour Schools for children, or the Soviet

schools and polytechnics. The bringing up of children from the age of four years to be specifically trained for specific industries is not impossible, provided there is a programme for the careful stimulation and development of interests and skills through play, hobby clubs and a minimum of curricular training which is followed by apprenticeship in the workshop.

The time has come for progressive and well organised Children's Aid Societies in the various cities to develop programmes for the adoption of children, and their placement in foster homes. Legislation should provide for such adoptions. A developed civic consciousness, love for children, and a progressive family outlook can make well-to-do families realise the possibility, need and advantage of adopting carefully selected children. The Children's Aid Societies of the Indian Council of Child Welfare could provide the machinery for investigation and selection of foster parents and homes for placing children for a maximum period of about fifteen years, also providing for an intensive follow-up during the first six months, and a general follow-up during the next three years. There are many families in which children are wanted. Adoption provides for a psychological relief to sterile unions, and educated women who remain unmarried for some reason or other may desire to adopt children. Organised efforts on the part of suitably equipped child welfare agencies may help to develop a small and pioneering foster care movement in India.

Need for a proper outlook on children and their handicaps.—With a proper and adequate knowledge of the problem, suitable legislation, the initiative and persistent action of State and private agencies, adequate resources and the execution of various types of programmes, the population of homeless children could be gradually dealt

with to achieve satisfactory results. Having dealt with the above aspects of the problem of homeless children, it becomes necessary to consider certain other important aspects of the larger problem of child welfare.

The numerous problems and needs of the child have been traditionally dealt with in the past in various ways in India, and the nature of objectives, methods and programmes have depended upon the fundamental and basic outlook of the community towards children. Religion, for example, influenced the outlook on the child. In India, some of the higher castes amongst the Hindus practised the adoption of the male child, but did not adopt a female child. Again the son was important because he was necessary to perform the 'shraddha' or death ceremony of the parents. During the feudal period and even later an outlook developed that the child was an economic asset or a custodian of the family's tradition. In the middle classes the child is valued as a potential earner. Therefore, at the present time, there is a need to educate society to develop a correct outlook towards children, and realise the importance of treating the child as a total individual and an asset to the community and the nation. The child is born to grow up as a complete organism and develop his full personality, thus becoming capable of expressing all his inherited and acquired skills and talents, at the same time contributing his best towards production and culture. In a democratic society, in order to avoid all social injustice, the helpless or handicapped child should receive special treatment from the State and the community. A proper development of the right outlook towards children and their handicaps will help to create institutions and programmes which will help to achieve the objectives mentioned above.

Need for Surveying Children's Institutions.—A comprehensive survey of existing institutions catering to the welfare of homeless children has not been carried out; the total number of such institutions, the number and type of children they cater to and the quality of programmes they offer need to be studied. Though a large number of institutions exists, the problem is so extensive that it appears that only a symbolic attention was given to it during the British period, and since Independence, time has been too short and the efforts limited to deal with the problem of homeless children with the attention and seriousness it deserves. The treatment of the problem today is also symbolic, and efforts need to be made to deal with very large numbers of children as early as possible.

Reference has already been made to the need for comprehensive research. The treatment of a vast problem like this should depend upon the studied conditions and needs of the community. Intensive field survey should be carried out in selected areas of the country by responsible child welfare agencies, students of universities and schools of social work. It is essential that programmes in a vast country like India, organised to deal with thousands of children in regions and communities of varied types, should be simple and involving as little cost as possible. Western approaches to problems may not always be suitable to conditions prevailing in Asia, and we may have traditions and used methods which could help to deal with vast social problems. For example, an undue emphasis on psychological problems of the child, and an intensive treatment of each case may involve a need for personnel and resources which are at present not available in this country and which the country may not be able to afford for a long time. Under the circumstances, it may be desirable to concentrate on promoting a simple,

helpful, healthy and happy environment to homeless children and provide them with simple food, a programme of health care, adequate opportunities for play, companionship and creative recreations and simple education and training which could enable the children to take to a vocation as early as possible.

To achieve this objective, there is a primary need to develop intensive co-operation between the State and the existing private agencies. This could be easily followed by intensive co-operation and co-ordination of programmes of all existing agencies to avoid duplication of effort in each area, and to jointly use a qualified personnel to study problems, methods and programmes; organise training for field personnel; and develop resources which could be utilised for the strengthening of all agencies dealing with the problem of homeless children.

SOCIAL CASE WORKER AND PHYSICALLY HANDICAPPED CHILD

By Dr. (Miss) G. R. Banerjee

PHYSICALLY handicapped children have been found in all times and climes. Their number in our country to-day appears to be greater than ever before. This increase may be due to the general rise in our population. Or it may be that due to the advancement of the science of medicine and surgery many more people who in earlier generations would have succumbed to accidents or diseases are now able to survive in spite of their crippling conditions than was possible about a century ago. Besides, in modern days due to transportation facilities, people move freely and easily from place to place. It is therefore more difficult now to keep crippling diseases like poliomyelitis under control. Further, the machine civilisation has been partly responsible for various automobile accidents, train collisions, aeroplane disasters and industrial hazards which have enhanced the number of the crippled. To this, riots and wars with their accompanying evil of indiscriminate destruction have also contributed their quota.

Crippled boys and girls have received varying degrees of treatment at the hands of society at different periods of time. Amongst primitive people the chief concern of the community was the self-preservation of the group. Each individual was supposed to contribute towards the safety and security of his clan. The rights, needs and desires of the individual were to a great ex-

tent governed by the interest of the group. The individual who served the society was honoured, while who did not injure the society was respected. The individual who threatened the society was punished and he who could not contribute to the welfare of the group had no right to exist. Society bore no responsibility for the acts of individuals. Such social behaviour as inability to contribute to the well-being of the group was considered as either inherent in the individual or the result of the activities of the devil who had entered his body and led him to misbehave.

In very early times, human society was in general surrounded by forces that threatened life, like beasts, disease, flood and famine. In such circumstances, the crippled child could not make the requisite contribution to the welfare of the group. Or, in other words, the group was aware that he was not going to be useful when he became an adult. Moreover, during war or famine when the tribes had to move from one place to another it was a difficult task to carry an invalid along with them. Thus the crippled child in the primitive society came to be regarded a useless burden. Also it was believed by some people that deformity of any kind resulted due to the possession by an evil spirit. As a result, the members of the family or the group felt that some calamity might befall them if they kept the crippled with them. Hence they did not hesitate to kill the physically handicapped or to leave him to his fate even though in certain cases influences of parental love or individual traits of kindliness or a sense of group responsibility modified the practice of extermination or neglect of the disabled. It is probably these feelings that were ultimately responsible to a great extent for the building of hospitals in ancient times for their care. Though it is not known for certain

to what extent such hospitals might have aided a child with congenital or acquired deformity there is no doubt about the fact that some of them did render medical aid for disabilities caused by disease or accident. Besides, we find that various kings built charitable institutions for the care of the helpless and the destitute and many crippled adults and children found shelter in them. In course of time, some orphanages and charity homes were built exclusively for children who were the victims of destitution or desertion by parents. In such institutions, some physically handicapped children, too, got admission.

Along with such provision, there has also been an attitude of neglect and exploitation in our country. While a few physically handicapped children, especially the deaf, the dumb and the blind, now attend educational institutions, some of their fellow brothers and sisters are sent out for begging by their parents or exploiters. As these children can attract public sympathy, they are able to earn by begging more than their parents or other able-bodied children of their own age. Consequently, some traffickers deform quite normal children by artificial methods and use them for the purpose of earning money.

In recent years, with the development of orthopaedic surgery, physiotherapy, occupational therapy and advancement in medicine, some attention is being paid to minimising the handicap and to bring about the best physical adjustment of the child. In big general hospitals, we find orthopaedic wards gradually developing. Physiotherapists and occupational therapists are also appearing on the hospital scene. But physical restoration is only one part of the rehabilitation or habilitation process. Inseparably with it must go social and psychological adjustment. With the attempt to correct the physical defect, there is need for understanding the sick child as a *Per-*

son. Pasteur directed physician's attention to disease *per se.* The germ theory has led us to consider disease or physical deformity as a disembodied entity. It is, however, not the unhealthy throat or the leg that succumbs to the forces of pathology. It is always the *Personality* that acts as a whole, i.e., in its social, emotional and somatic aspects. Traditional medical training deals only with the cases of diseases and is not specially interested in persons. The patient is a deformed leg or a damaged heart; he himself, i.e., the patient as a *Person,* is overlooked. But the life experience of everyone of us bears testimony to the fact that the human being is more than just a complexity of chemical processes or a conglomeration of cells. We are all thinking, feeling and willing human beings. So the patient cannot be divided into physical and mental components and be treated for the one, while effectively ignoring the other. Physical deformities affect the feelings and behaviour of the individual and, consequently, his relationship with other people. Besides, no child can survive in either a physical or social vacuum and it will be unrealistic to attempt to consider him at any stage of his development apart from his environment. In the etiology of his illness and in the development of his personality, biological, emotional and social factors become inextricably interwoven.

In order to understand the social and emotional problems of the crippled child, it may be worthwhile to observe some of the common reactions of people towards him, the relationship between him and his parents, and the effects of physical disability on the development of his personality. Generally speaking non-handicapped people try to avoid physically disabled persons as they seem very different from them and also because there is a lurking fear that by associating with them they may

acquire the deformity. Physical handicap is very often identified with the disease which may have led to the crippling condition, and people are panicky about catching the infection. The more severe and visible the deformity is, the greater is the fear of contagion; hence the attitude of aversion and segregation towards the crippled.

There is also a general belief that a person's physical disability is a punishment for the sin he has committed; therefore, he should be regarded as dangerous and sinful. Some feel that a physically disabled child has been unjustly punished and, therefore, is under pressure to do an evil act in order to compensate for the injustice. There are others who regard a crippled child as helpless and useless and, therefore, an object of excessive pity and also a source of acquiring religious merits. In India, it is still a common practice to give alms to the crippled. It is given more with the idea of reserving a seat in heaven than with that of ameliorating the condition of the disabled. It is taken for granted that the crippling condition of a person is the result of his own *Karma,* i.e., actions either in the present or past births, that nothing further can be done to alter his condition and that the handicapped person must needs suffer so that in the next birth he can be free from the deformity. By giving alms, some religious people believe that they are enabling the crippled individual to have a sufficiently long span of life of misery to absolve himself of all his sins. They hold that, if no alms are given, he may die of starvation and be born again in the same condition. He may not have the opportunity of expiating his sins. By providing an opportunity to a crippled man to free himself of all sins and also thereby doing some good to a fellow being, the giver of the alms is supposed to be acquiring religious merit. Very few, however, are the people who take a

scientific view. A crippled child needs medical treatment to minimise the effects of his physical handicap. He needs to be helped to make better personal, social and vocational adjustments.

So far as the parent-child relationship goes, varied reactions are noticeable. Some parents over-protect the crippled child while some others reject him outright. The parents who had some disease, had attempted abortion or had performed deeds which they regard in their heart of hearts as sin, try to over-indulge the crippled child, spoil him, make him eternally dependent and a 'useless bundle of flesh and bones'; all this because of the secret feeling that they have been the cause of his physical handicap. Sometimes it happens that the parents are terribly shocked to see his deformity. They notice the difference between their deformed child and another normal child, feel humiliated and start rejecting him. Some parents at first provide the necessary physical care for the child but they get annoyed with him when the cost of care turns out to be high. Some over-protect the crippled child and when he becomes spoilt they take recourse to severity which causes remorse. Some rich parents consider it simply unnecessary and troublesome for their crippled child to receive education. For, as he has not to earn a living for himself, why should he be burdened with work when he is already stricken by the hand of Providence?

Certain crippling conditions are not noticeable easily and, therefore, not understood by parents and people in general. The child with cardiac disorder is very often regarded as a malingerer. As his disability is not visible, parents make demands which are hard for him with that physical disorder to meet. He is often punished for his inability to perform certain tasks allotted to him. Sometimes they try to compensate for the physical disability

of their ward by forcing him to acquire intellectual attainments. He is thus almost inevitably placed under great pressure and reacts to it with emotional tension and anxiety.

On the other hand, certain handicaps like epilepsy bring about a different kind of reaction in the children. As epileptic children do not have an obvious handicap like a deformed leg or a missing arm which prevents them from doing as they would wish, it is hard for them to accept protection and the limitations imposed. Frequently they become irritable or self-indulgent and make demands impulsively. It often happens that out of concern about temper outbursts and an implied threat of a spell, parents become over-indulgent. Their all-pervading worry is seen also in their belief that their children will deteriorate mentally and will not be able to take up the responsibilities of an adult in their later lives. Children are likely to respond to such an anxiety-ridden home atmosphere by developing preoccupation with self or severe hostility towards parents who build a wall of protection around them.

Another factor that interferes with smooth relationship between the crippled child and his parents is that to a youngster his parents seem to be manifested with supreme powers. Consequently, he holds them responsible for his handicap. Perhaps he thinks that they could have avoided the calamity that has befallen him, and expresses his hostility towards them to some extent by socially disapproved actions. This in turn may again bring about a sense of guilt, a feeling of anxiety and self-blame leading to an unhappy parent-child relationship.

So far as the bearing of physical disability on personality goes, there is a general belief that a crippled body has a crippled mind. It is true that the physical handi-

cap makes life hard but the crippling condition alone cannot account for the crippled mind. The bitter attitudes towards the world at large found amongst the physically handicapped seem to have much to do with the society they live in and its reactions towards them. If the environment is harsh, there is every likelihood of their developing a similar attitude towards the people around who, in turn, may attribute crookedness of mind to their crooked body.

Some physically handicapped children, due to the indifferent attitude of others, regard themselves as different from others and a burden to their families. They develop a sense of inadequacy. As a result, they gradually withdraw into themselves and become introverted personalities. However, there are other crippled children who, due to the overprotection of their parents, enjoy their disabilities that make them the centre of attraction and sympathy. Such children may reject all help given towards minimising their handicap and remain babies of their parents to all purposes. As stated before, some parents would rather keep their handicapped children at home in a state of idleness and ignorance than send them to an institution to learn some art or trade; and this is regarded as nothing but a natural exhibition of the overwhelming parental affection for their helpless sons and daughters. In course of time, these children begin to feel that they have nothing particular to learn and the world owes them a decent living throughout their life. Thus over-indulgence and rejection on the part of adults invariably lead to the prolongation or shortening of the period of dependence, both of which are detrimental to their healthy social development.

The crippled child is deprived more frequently than the normal child of play opportunities that are very important for his psycho-social development. Play is the

child's most natural medium of expression. Through play he explores the real world, his own ideas and emotions. He comes to know, for instance, how far he can go in his aggressive play. He realises the attitude of others and develops the ability to get along with them. He works out his own feelings through play. It is unfortunately true that a crippled child is more restricted in his normal play behaviour than a non-handicapped child. As a result, the normal development of the personality of the former is hampered to a great extent. He very often skips his childhood and becomes a repressed young adult. Further the physically handicapped person easily becomes hypochondriacal. It is evident that a healthy person indulges in various activities and, therefore, may not have a need to concentrate on his body all the time. The crippled child, however, has a particular organic defect. Besides, he is not occupied with various activities with which a non-handicapped person is. As a result, he focusses his attention on his deformity. Moreover, the handicapped child, who has other anxieties due to personal and environmental factors, may transfer them to his organic defect and become too conscious about it.

All these tend to show that a crippled child is not just a diseased limb but a *Person* suffering from some deformity — a person who comes from a particular home background, bears a certain parent-child relationship and has some definite attitudes towards his handicap. These factors together with his capacities, aspirations, anxieties, fears, etc., need to be taken into consideration before a sound plan for his rehabilitation can be worked out.

In order to understand the physically handicapped child as a *Person,* we need case work approach. The dissemination of knowledge and provision for the rehabilitation of crippled children need to be carried out on a mass

scale. Yet, it is a fact that those who need aid for rehabilitation may have fears of a psychological origin and resist it to a varying degree. Understanding psychological fears and resistance, helping the client to deal with them and make the best use of instructions regarding his rehabilitation, are some of the special functions of the case worker. We need not, however, get into the technicalities of case work here. A simple definition of case work is that it is a particular way of assisting people individual by individual when they are "experiencing some breakdown in their capacity to cope unaided with their own affairs." This approach is derived from professional training and specialised experience. This implies an understanding of the individual as a whole, i.e., not only the suffering of the person but also the social and emotional factors influencing him. Case work service is needed for the handicapped child at various stages. When he is to be hospitalised, his social and emotional problems have to be dealt with. Some parents resist the hospitalisation of their ward even when told by doctors repeatedly that it is very essential. They often have an intense fear of catching infection from other patients. Or they regard the crippled condition of their child as a punishment for their past sins. If they had rejected the child even before he was born, they feel guilty when the child is inflicted with a physical handicap and they break away from the treatment if it is painful to him. These factors may seem ridiculous to us, but to the parents who are facing them, they are real. They are not aware of the factors that produce such attitudes. Unless these fears and conflicts are handled carefully by trained case workers in the hospital, they may remain emotionally upset and not accept treatment. They must be given an understanding of their child's problem. They need to know what he can do and what he cannot; what

type of surgery may be necessary and what type of prosthesis will be required for him. Moreover, their wrong or psychologically harmful ideas regarding disabilities must be corrected before the child returns home, and is exposed to the effects of such ideas and be traumatised by them.

Sometimes parents of the hospitalised child make him egocentric. They focus more attention on him than on their healthy children. He may be suffering from marked ego deprivations prior to his falling ill just as older children do when younger siblings absorb the parental interest. The satisfaction arising out of the parental interest during illness coupled with ego satisfaction obtained from the hospital staff may overwhelm the child and undermine discipline. This is fundamentally a situational phenomenon which can be greatly reduced in severity if parents and staff are pre-warned against it and properly oriented regarding handling him by the hospital social worker.

Apart from his parents the child himself may be in need of the services of case workers during the period of his hospitalisation. The emotional trauma, which occurs due to his being away from home at a time when he is already sick and frightened, should not be overlooked. Under such conditions, he may be expected to present behaviour problems requiring the utmost skill and sympathy on the part of the social worker.

Furthermore, he may also be afraid of surgical operation. Although it may be absolutely necessary for his life and health, he may be frightened and upset about it. The adult usually recovers from emotional upset in a reasonably short time and does not usually show in his later emotional reactions its effects. This is not so in the case of the child. His capacity to handle his emotional reactions is still incomplete. His knowledge of his own

physiology and anatomy is meagre. In the hospital he overhears many strange discussions which he only partly understands and if he asks questions he is often put off by answers with little bearing on the subject which is disturbing to him. Under these circumstances, he tends to become overwhelmed by a flood of erroneous speculations and mistaken ideas which frighten him even more. It is the duty of the hospital social worker to prepare him emotionally for the operation. She should help the child to verbalise to the fullest extent his fears and worries and listen to them patiently and carefully. Such a verbalisation gives a release to his pent up feelings and also provides the social worker with the opportunity of handling them skilfully.

The crippled child often feels inferior to others. It is true that some children may possess superior personalities and they may not have this emotional reaction. Or if they have it, they may be able to overcome it soon. A few children are so gifted but many may have the potentialities which, if trained, could avert the calamity of developing neurotic personalities with self-pitying attention seeking mechanisms. One of the functions of the case worker in Hospital Social Service Department, or Family Welfare Agency or Children's Institutions is to be aware of the emotional responses to physical handicaps and to attempt to prevent some of the unnecessary frustrations of personalities by discovering the individual potentialities and ways for developing them. As previously stated, many crippled children have feelings of hostility and guilt towards their parents and as many of them are unable to solve their difficulties unaided, case work service may well be utilised for diminishing the resultant anxiety. Through direct interviews, the child can be helped to give vent to his repressed feelings. When he is able to tell his

story in his own way, he lays out on the table as it were his difficulties and sees them himself. It is an educative process. He gradually gains insight into his problems and tries to handle them. It allays his anxiety when he finds that there is a person (case worker) who does not punish him for his bad deeds or thoughts but accepts him as he is. The child gradually gains confidence in himself and feels more secure. As a result, he does not have the need to resort to neurotic behaviour. The case worker may also approach the parents and help them to see that, if young children are encouraged to express their guilt and hostility and assured constantly of parental love, they may feel secure. She can also encourage parents to provide the crippled child with opportunities for play and not make a premature adult of him.

Amongst the physically handicapped, there are some whose essential need can only be met by psychotherapy, probably only by psycho-analysis. The trained case worker (at Hospital Social Service Department, Family Welfare Agency, Child Guidance Clinic) keeps in touch with various community resources and pools them together for the benefit of the client. She takes the help of psychiatrists and psychoanalysts when the problem requires their co-operation. Her task, however, is not over just by referring the case to a psychiatrist or psychoanalyst. Even if there is a fairly complete analysis, implying insight gained by the client and deep changes in the emotional life, there is necessity in many cases for a reconstructive period. Insight and emotional change alone cannot bring about the total success in the case of an individual who is definitely handicapped in the preparation for life. Apart from giving direct financial assistance to a handicapped person to make him self-supporting and to provide him with minimum standards of life, there is

constant need for giving understanding guidance and encouragement to keep him steady towards the new goal. It takes some time for assimilating or incorporating into his behaviour trends the insight which he has gained. The social case worker has to find out new opportunities for such a person and jointly plan with him and his family to get him adjusted to the new situation. If there is environmental pressure she has to work towards its modification so that the person is not overwhelmed by it at that stage and does not slide back into the old pattern. In many cases, the only constructive treatment possible is through the environment. If a child does not have a loving parental figure upon whom he can depend and feel secure, insight therapy may reveal to him that he feels insecure because he is unloved and therefore lost in a hostile world. He is unloved and therefore lost in a hostile world; so what does he gain from this insight? He himself cannot change his world. The case worker then becomes a substitute parent and gives what the child has missed from his parents. She may also find out a suitable mother or father — a figure for him in the community, who can give him warmth of feelings. This environment treatment can fill the gaps that previous life experiences have left for him.

The case worker (specially the school social worker) plays an important part in bringing about a good school adjustment on the part of the crippled child. The physically handicapped child as far as possible should be brought up with normal children, unless his deformity is very severe and needs special type of institutional treatment. Teachers are sometimes extremely fearful of the crippled and refuse to admit the physically handicapped whose personalities have become warped by parental mishandling at home. By treating the children as

normal individuals, teachers actually perform a therapeutic function. The school social worker should help the teachers and the parents in getting a proper understanding of the crippled child.

The case worker's most important task lies in helping the crippled to accept their situation without being jealous of others and without making extravagant demands upon them. Since all the people in the community cannot be expected to adopt an understanding attitude towards the physically handicapped, it is essential that a crippled child be helped emotionally to deal with such conditions. He should not feel frustrated if some of his neighbours avoid him or if he himself is not on par with the non-handicapped. He needs to acquire not a defence against, but an acceptance of these situations. Besides, he as well as the society must develop a new outlook on physical handicaps. So far as the crippled child is concerned, in our country his disabilities have always been emphasised, rarely his abilities. It remains for the case worker to make the child and the public aware of his (child's) potentialities and help him to adjust to the world despite his handicap. However, the plan for the adjustment or rehabilitation should not be imposed upon him by the case worker. It should be worked out in co-operation with him and his family, so that they can participate in the carrying out of the programme. Even if the child is handicapped, he should be helped to decide his own fate. In other words, he should be helped to help himself and feel that he is the master of his destiny.

In this connection it may be mentioned that the interdependence of case work service and community resources is such that unless all are of high quality the service will itself be handicapped. If a particular community lacks in facilities for various kinds of services to the crippled

and their families, the case worker in a Family Welfare Agency or in a Hospital Social Service Department is prevented from helping the client adequately. In a particular region, there may not be any educational or recreational programme for the handicapped children. The worker may recognise these needs of children but will not be able to help them in the real sense of the word unless there are facilities for school teaching, vocational guidance, physiotherapy, occupational therapy, etc. Communities vary in the completeness of their social and health services and these do affect the adequacy of the service rendered by the case worker. Therefore, a case worker in any setting, e.g., Hospital, Family Welfare Agency, Child Guidance Clinic, Juvenile Court and School, has to become indirectly a community builder. She cannot keep her work strictly confined to any setting. She has to interpret the needs of the client to the community and make efforts to arouse public interest in bringing about certain improvements. The case worker for children has to bring home to the public through the press, lectures or by contact with the members of various groups that, along with the establishment of more and more children's hospitals, there is also the need for starting schools for crippled children and improving the conditions of existing institutions so that the handicapped children can be imparted education and vocational training and be provided facilities for recreation. At the same time the State Department of Education should also be moved to offer special facilities for students with minor handicaps in schools for normal children. As physical adjustment has a tremendous effect on psycho-social adjustment, attempts should be made to minimise the physical handicap as far as possible by means of physiotherapy, occupational therapy and the use of prosthetic appliances.

In our country there is a dearth of firms that manufacture these appliances. Moreover, people also feel that an artificial limb given to a child is an unnecessary expenditure as he outgrows the size of the appliance when he becomes an adult. They hold that an artificial limb should be given when a person becomes an adult. They overlook the fact that, if the child does not wear a prosthetic appliance at an early stage, he will find it very hard to use it at a later stage. Moreover, as the children of to-day are the citizens of tomorrow, no expenditure on them is too high. All attempts should be directed towards the rehabilitation of the crippled, medically, socially and psychologically. He must be helped to lead as normal a life as is possible in spite of his limitations and to 'carve his life out of the wood he has'.

EDUCATION OF HOSPITALISED CHILDREN

—An Experiment

By Dr. J. M. Kumarappa,

Director, Tata Institute of Social Sciences, Bombay.

TWO thousand years ago Jesus expressed the importance of the child in his famous words, "Suffer them unto me for of such is the Kingdom of God". As years roll on and bring greater understanding of human behaviour, we become more and more aware of the significance of these words. The future of a nation as well as of civilization depends on the care and training given to its children. Only when they receive love, good care and education can they be expected to grow up into healthy, desirable and useful citizens. On the other hand, individuals who are deprived in their childhood, of affection and security as well as opportunities to learn, are not likely to grow up into well-balanced and healthy adults.

In view of the growing importance of childhood, Governments of various countries of the world including India, are trying their best to create greater facilities for the care and education of their little ones. It is no wonder, therefore, that the present century is spoken of as the "Century of the Child." In spite of limited resources, our governments are attempting to raise the status of the child; for example, there is an effort to increase the number of schools and also improve the quality of education. Again in cities and towns, municipalities are also providing more playgrounds for children. These facilities are available only to the normal, ablebodied child. But a large number of the handicapped to whom school life or play life

is denied, is not receiving enough attention.

These include the hospitalized children who are well enough to learn mental tasks as well as some manual skills, but whose illness requires them to spend several months or years in a hospital. They lie in bed, with little or nothing to occupy them, being cut off from the joys and adventures of their school and social life. They are deprived of the stimulating opportunities of learning. Thus their emotional and intellectual growth suffers greatly as they lie in the hospital day in and day out with a big emptiness. Is not education their birth right just as much as it is of their healthy compeers?

Our hospitals have achieved a fairly high degree of medical and surgical efficiency. While they attempt to cure the child physically, its mental and emotional well-being is ignored. Such a procedure overlooks a very significant principle, namely, that an individual functions or grows as a whole. One cannot hope to help the patient much by treating his sickness alone. There is evidence to show that if a patient can be kept cheerful or occupied with some creative work, his recovery is greatly facilitated and that learning activity has a great therapeutic value. Therefore like others those sick children who are able to undergo educational discipline should also be given opportunities to grow mentally; besides, when their minds are happily engaged in creative tasks, their bodies regain health quicker. Hence the great need for an educational programme in every hospital for children.

A NEW AND NOVEL PLAN

The first attempt to meet that need was made in the Bai Jerbai Wadia Hospital in Bombay. The medical authorities here, realising the necessity for educational opportunities for their child patients, eagerly sought the assist-

ance of the Tata Institute of Social Sciences. In response, a few students of the Institute were sent to the Hospital off and on to teach the hospitalised children and keep them engaged. In spite of the enthusiasm with which the students took up this work, the experiment was not successful as continuity and regularity in instruction could not be maintained. Then was formulated the new plan of education, a novel and pioneering one in India, for the benefit of the bed-ridden children in the hospital.

This project is now conducted in two wards. One of these wards has children who are being treated for bone T.B. and the other cases of bone deformity. The patients in each ward, boys and girls, range from two to fifteen years. The T.B. patients stay in the hospital for about one to four years while those with bone deformities remain for lesser periods. Each ward has about 16 patients.

The teaching programme is conducted every working day from 10 a.m. to 4 p.m. The children are taught reading, writing, and arithmetic and are also given some general information about current events and the outside world. In the afternoons, they learn handicrafts, such as, crocheting, knitting, making articles from paper, cloth and the like. Other types of creative work including making picture albums by cutting pictures from old magazines, moulding clay to any shape they like, painting and drawing pictures from crayons and playing with blocks.

In addition to education and art work, the child patients are given opportunities to learn music and hear songs. Provision is also made for games, such as, dominoes, snakes and ladders and the like. The very young ones are given such play materials as dolls, blocks and other toys. Although this educational project is at present under the direct supervision of the Tata Institute, the Bombay Government are financing it and the Inspec-

tor of Schools pays periodical visits of inspection to the hospital school.

EQUIPMENT

The equipment of this scheme consists of school books specially suited to the needs of each child patient, story books in different languages, toys, play blocks, school supplies like paper for writing, drawing pictures and making albums, wool, assorted colour paper pencils, chalks and the like. Special bed desks are also needed as many of the patients are required to lie flat on their backs.

It must be observed that teaching in hospitals is not an easy task. Apart from the peculiar conditions which the hospital atmosphere presents, the group to be taught is of a heterogenous character. The children vary in age levels, education, mental development, and family background. Again, they speak different languages. In view of these special circumstances, individual bedside coaching becomes vitally necessary. The daily teaching programme has to be subject to the state of health of each individual child. Further when one member of the Ward becomes seriously ill or is to be operated, the entire group is affected and disturbed. Such situations call for deep sympathy and understanding on the part of the teacher.

SELECTION OF TEACHERS

Therefore, the selection of teachers suited to this type of schools has to be carefully made. A special trained teacher, preferably with knowledge of child psychology, deep understanding of the emotional instability of the handicapped and sick children and familiarity with handicrafts and languages is necessary for this work. She should also have some teaching experience and a sound knowledge of the different social and emotional

factors which influence illness and physical handicaps. She should be one who has a liking for children and an understanding of how to develop desirable attitudes, initiative, self-confidence and responsibility in them.

As it is not possible to bring the life of a school to these children who are hospitalised for long periods, careful planning, great patience and sympathy are necessary on the part of the teacher to achieve good results. Her task will be all the more difficult as she may have to deal with some children who are already familiar with school routine and others who have not had that opportunity.

The teacher should further collect as much information in the way of case history about each child and attempt to gain as much knowledge as possible of its abilities and aptitudes, and its attitude towards the home and the school. By contact with parents during visiting hours, the teacher may endeavour to gather details regarding the child in relation to its family and other groups. The home visits also help her to study the economic and social status of the family and the attitude of parents towards children in general and their views of their education in particular.

With these teaching requirements in mind, two teachers were selected and put in charge, one each, of the two wards in this Hospital for children in which the present educational programme is conducted. The teacher in charge gives bedside coaching to practically all of them. Thus there is individual instruction and not much of group teaching.

The teacher is also supervised and helped to know how to handle the child patients with their peculiar emotional, social and physical problems. Dr. (Miss) G. R. Banerjee, a member of the Faculty of the Tata Institute

of Social Sciences, who has specialised in case-work study, advises the teachers on questions of emotional and physical reactions of child patients in the particular medical setting. The entire programme is thus designed to meet the individual needs of each child patient.

A RAY OF HOPE

Before this scheme was put into operation here early in 1949, the child patients used to lie listlessly in their beds. They had nothing to look forward to but the hospital routine. They lay there debarred from all the joys and adventures of school life and of the world outside. They lay in bed for months and years with no one even as much as to tell them a story. Now all that has changed. These young patients have today a gleam in their eyes. They are bright and lively. Each day gives them happy memories of work and play with other children and with friendly teachers. And each morning they start with happy anticipation of new creative experiences. This transformation of the atmosphere in the hospital has been brought about by the new project of education and play which has been instituted and conducted by the Tata Institute. Paying a visit to the hospital in March, 1950, Mr. B. G. Kher, Chief Minister of Bombay, said: "When I last visited this hospital I was overcome by the misery which each bed represented. The work done during the brief period of one year is marvellous and the programme has not only contributed to the educational well-being of the children but also has infused in them joy and a new interest in life."

ENCOURAGE SELF-EXPRESSION

It should be mentioned here that any educational programme for handicapped children should not emphasise scholastic achievement alone. It should rather be designed to encourage self-expression and joyful participa-

tion. The project should also include entertainment for the child patients. For instance, in the present experiment a cinema show is arranged every month. Also some child dancers are invited to give performance, now and then.

The project has been in operation for nearly three years. Yet judging from the educational progress and cheerfulness of the young child patients the results seem very gratifying. A new chapter has been opened in their lives in the Bai Jerbai Wadia Hospital.

There are many hospitals in the country which have a section for children. Many of these child patients, such as, T.B. and orthopaedic patients, are required to spend months and years in bed. They may have regained their health when they are discharged; but their mental development having been ignored, they cannot cope with those of their age group in school or in everyday life. These conditions are likely to affect their adjustment to their groups and changing social situations. And instead of being a social asset they may become a liability. Therefore, it is essential that some kind of educational and activity programme be organized in all children's hospitals in the country, so that the child patients, while under treatment for their physical ailments, are not cut off from the normal stream of life. A wisely conducted programme of creative work, learning activity, and entertainment will bring to the hospitalised children the opportunities to grow mentally and also enhance the value of medical treatment.

Therefore efforts to provide educational facilities for bed-ridden children should be encouraged in hospitals in all parts of India. The project, started last year in the Bai Jerbai Wadia Hospital would, it is hoped, serve to stimulate such provision elsewhere in the country.

TREATMENT AND AFTER-CARE OF PHYSICALLY HANDICAPPED CHILD

By Harold Balme

THE pathetic condition of the physically handicapped child, crippled as a result of congenital maldevelopment, serious disease or injury, has always aroused the sympathy of kindly disposed people in every land, but it is only within recent years that any attempt has been made to study the subject on scientific lines. The care and maintenance of the physically handicapped and disabled represent a problem which faces all countries in the civilized world, and is increasingly engaging the attention of Government officials, leaders of the medical profession and social workers. This problem is not only a legacy of the devastating wars, which have caused such widespread suffering throughout the world, but is also one of the major problems of peace, for crippling disablement is never absent from us. Antenatal deficiencies of which we do not yet understand the cause; various forms of paralysis, occurring both before and after birth; infective diseases of heart and lung; tuberculosis and other diseases of spine and bones and joints; orthopaedic disabilities; and the results of serious accidents — these are only some of the many factors which add their yearly toll to the number of children who suffer from general physical handicaps, not to mention the many others who suffer from loss or serious defect of vision or hearing.

The effects of physical handicap.—The effect of so much disability amongst children and adolescents is far

more serious than is sometimes appreciated, for it actually represents a triple loss to the community. To the nation as a whole it means a loss of potential productivity and service; and in the case of countries which contribute towards the maintenance of the disabled it means, in addition, a heavy charge on the national or local resources. To the family and friends of the disabled child it means a burden of anxiety, and, often enough, an acute difficulty in providing the necessary support and attention. But more serious than either of these is the loss to the child itself, for not only is he or she deprived of the advantages which are open to the healthy, normal child, but the sense of deprivation and the hopelessness of outlook are only too apt to sow the seeds of serious psychological disorder and social maladjustment, which in turn add to the burdens which the child has to carry through life. In this respect the plight of the handicapped child, and the problem of treatment and after-care, are both in a way more delicate and more complex than in the case of the disabled adult. The grown man or woman who meets serious disablement, as the result of some crippling disease or injury, has at the outset a sense of shock and of devastating loss from which the handicapped child, crippled at birth or in infancy, is spared. But whereas in the former case, the adult has previously been in possession of all his faculties and has lived in a normal community, the reverse is the case with the child. With the disabled adult rehabilitation means an attempt to build on normal resources and recapture former capabilities; with the handicapped child it often means a slow laborious process of education, psychological adjustment and vocational guidance before the little patient is able to enter into the life of a normal community.

Reaction of Society to the Handicapped Child.—In every country, and among all classes of people, it is possible to trace at least three types of reaction towards the child who suffers from any gross form of physical handicap.

In the first place there are only too many people who regard such matters with complete indifference or even resentment, and adopt an attitude of neglect or actual cruelty towards the helpless little sufferers. This is not the place nor the occasion for a discussion of the warped mentality, the callousness or the deliberate inhumanity which governs such an attitude; but as we think of the burdens which the physically handicapped child has to bear, and the methods by which those burdens could be lightened, we must not shut our eyes to the fact that in some instances the first outstanding necessity is to secure legal powers to separate a cruelly used child from the family or community which causes it so much unnecessary suffering.

In the second place, there is a very common form of humanitarianism which seeks to surround the crippled child with kindness and protection, but which tends to perpetuate the child's sense of dependence rather than enable it to overcome its disability and live a completely independent life. Much of the splendid work which is carried out today by religious agencies and by various forms of charitable organizations fails in this respect. It is impossible to speak too highly of what these organizations have accomplished, and there are literally hundreds of thousands of children throughout the world who owe their health and happiness to the Homes which gave them shelter and the many friends who brought affection and sympathy into their lives.

But charitable assistance and welfare work can never be anything more than a second best, and it must never be forgotten that the greatest gift which we can ever bestow upon a physically handicapped child is the ability to achieve independence in a normal community.

This brings me to the third type of attitude towards the crippled child, often spoken of as the pragmatic approach to disability but which I prefer to think of as the higher humanitarianism — a form of approach in which every possible attempt is made to study the child as a whole, and to bring every force to bear upon the task of enabling it to escape from the environment of invalidism and disability in which it is too often surrounded, and to develop to the full its residual resources.

I think we may well describe this modern line of approach as constituting a new charter for the physically handicapped child — a charter based upon a clearer understanding of its fundamental rights, and of the duty of society to ameliorate its lot. With such an approach, it is no longer a question of merely finding a home for the child, with little educational work thrown in. It is rather a question of finding out how much we can do by a combination of all our effective services — medical, educational and social — to give the child the best possible opportunity of overcoming its handicap, and preparing for a useful and contented place in the community.

We need to think of the handicapped child, not as an object, whether of pity or charity or anything of the kind; not as a case, to be studied from the point of view of its aetiology or pathology or psychology; not as a claimant, asking for financial support and board and shelter; but essentially as a little person, with all the individuality and personality, the longing and desires, the hopes and

capabilities which you and I possess, but a person suffering from grievous privations, subject to serious inhibitions and frustrations, and needing all the sympathetic and wise handling which we can possibly offer.

The Development of Rehabilitation.—The last twenty or thirty years—and particularly this last decade—have witnessed a striking advance in what is now generally spoken of as the science of rehabilitation, which means, in other words, the attempt to counteract the effect of disabling conditions by measures calculated to recover physical function to the highest possible degree, restore psychological equilibrium, and provide vocational guidance, training and employment for those who need to change their occupation because of their disability. It is an interesting fact that this important advance was not made, in the first instance, as a means of increasing the supply of manpower for war, as is commonly believed, but was initiated by progressively minded insurance societies as a means of expediting recovery and reducing permanent disability in the case of insured workmen injured at their work. This fact is worth remembering, as it reminds us that the rehabilitation and efficient care of physically handicapped people have an economic as well as a humanitarian value.

The principle of rehabilitation was greatly extended during the recent war, both among the armed forces and also amongst civilian victims of air raids, and proved of immense value, not only to the State but also to the patients themselves. With the cessation of the war the same principles are now being applied to all classes of the community, children as well as adults, and to all types of disabling condition. In each case the goal that is sought, as I have previously remarked, is the achievement of independence in a normal community.

Let us now consider what are the practical steps by which such a goal can be reached in the case of physically handicapped children, and what can be done by the various agencies represented at this conference in assisting co-operatively in this splendid task.

The Challenge to Medical and Social Workers.—When we think of any form of physical handicap, whatever its cause, we are at once confronted with a four-fold challenge, most simply expressed in the form of four questions.

> Firstly, can anything be done to prevent it, so as to reduce the numbers of those who would otherwise suffer from such a disability in the future?
>
> Secondly, if not entirely preventable, how can we limit its effects and diminish the degree of permanent disablement resulting from it?
>
> Thirdly, how can we assist the handicapped child to adapt himself or herself to the disability, and develop all residual resources to the highest possible extent?
>
> Fourthly, how can we educate public opinion to a right view of disability, and so find an acceptable place in the community and in employment for the child with a permanent physical handicap.

In other words, the problem of disability resolves itself into a problem of prevention, of limitation, of adaptation and of resettlement. We will make these four points in order and see what they each demand.

The Prevention of Disability.—In an interesting paper which came to my notice a few months ago, setting

out the fundamental rights of blind people, I was struck by the fact that they started by saying that the first right of the blind was not to be blind at all! We can well transfer the apt remark to the case of physically handicapped children, for their first claim upon us all is to use every possible means of investigating the causes of disability, and instigating measures to remove all that are preventable. This means an extension of our maternal and child welfare services, for only too many forms of physical disability arise from injury or neglect at birth, or lack of skilled attention and treatment during infancy.

It means better and more scientific nutrition, for certain types of blindness and gross defects of vision, ricketty limbs and many other forms of disability can be directly traced to failure to secure the minimum requirements of a balanced diet.

It means early recognition of potential disability, through better education, the establishment of infant welfare clinics and the wider use of health visitors.

It means more campaigns to stamp out infective diseases, and the use of more safety devices in industry, on the streets and in the homes, to reduce the risk of serious accident.

Lastly it means a great extension of popular education in simple hygiene, and in the importance of securing medical advice, wherever possible, in all cases of abnormality in an infant.

Limiting the Effects of Disability.—When once a physical handicap has been recognised, it is obvious that the first necessity is to secure an accurate diagnosis and expert medical and surgical treatment of the underlying cause, and everything which can be done to increase and improve our clinics and hospital services to help towards

the reduction of permanent disablement. But medical and surgical treatment which stops short at routine measures of nursing, appropriate drugs or surgical operation and after-care, and does not also include special measures to counteract the physical and psychological effect of the illness or injury, is not sufficient. Hence it is that modern hospitals are adding well-equipped and adequately staffed rehabilitation departments to their other units, whilst convalescent homes are more and more being transformed into active rehabilitation centres.

A modern rehabilitation department or centre is under the direction of a Rehabilitation Medical Officer — usually a specialist in Physical Medicine, or a member of the general medical staff specially interested in the subject — and under him there works a team composed of physiotherapists, remedial gymnasts, occupational therapists and social workers, whilst in children's hospitals there are also teachers specially trained to teach handicapped children. A psychiatrist should also be available, to help the cases who need expert assistance in overcoming the anxiety and frustration caused by the disability.

Physiotherapists in the United Kingdom are usually high school graduates who take a special three-year course at a School of Physiotherapy in massage, remedial exercises, electro-therapy, actino-therapy and hydro-therapy. They are responsible for administering physical treatment, under the doctor's prescription, during the early, acute stages of the disease or injury, or giving individual exercise.

Remedial gymnasts are either graduates of Physical Training Colleges, or Ex-Service Physical Training Instructors specially trained in the application of physical

exercises and games to disabled conditions. They conduct group exercises in the gymnasium and various forms of indoor and outdoor games, and thus encourage patients to compete with one another, and to rely on their own activity, rather than depend on external help.

Occupational Therapists are also high school graduates, with a three-year course of training in a special school. Their work not only offers an interesting and healthy diversion for the patient, but is an excellent means of providing regular, gentle exercise, alternating with relaxation, for weak muscles and stiff joints.

The team is completed by the social worker, who is able to allay the child's anxieties and fears, interview the parents and explain what is being done, and thus secure everyone's co-operation in the attempt to reduce permanent disability and helplessness.

Let us take the case of a child with infantile paralysis, as an example. Such a child is usually admitted to a fever hospital during the infective stage of the disease, and to an orthopaedic hospital if it subsequently requires operation to transplant muscles or tendons or to fix frail joints. But if the degree of ultimate disability is to be reduced to a minimum the child needs much more than that. It needs continuous treatment and appropriate methods of physical rehabilitation from the very outset of the disease and throughout the whole stage of possible muscle tone, including moist heat, electro-therapy (when required), prevention of contractures and deformity, and long courses of remedial exercise and re-education of temporarily paralysed muscles. The same is true of other disabling disorders, and wherever these facilities exist, the degree of permanent disablement is markedly reduced.

Even in the case of physical disabilities which have existed for many months or years, appropriate courses of

physical exercises and games, specially directed towards the strengthening of weak muscles and the mobilisation of stiff joints, will not only improve the child's general physique and sense of well-being, but will actually help to limit the extent of its physical disability.

The Adaptation of the Disabled Child to its Handicap.—But perhaps the greatest service which we can render to the physically handicapped child is by the adoption of measures calculated to assist him to adapt himself to his disability, not in a spirit of passive resignation but of determination to overcome his sense of handicap and fit himself for a useful and satisfying position in life. It is here that the services of trained educators, social workers and experts in vocational guidance and vocational training are absolutely essential. Before referring, however, to the specific contribution which each of these has to make, I would remind you again that in this process of adaptation, physical means of help must never be forgotten. In addition to regular exercises and appropriate games, mentioned above, a great deal can often be done to make the handicapped child more independent by the provision of mechanical supports (spinal jackets, caliphers, orthopaedic boots, etc., etc.), crutches, properly fitted artificial limbs when needed, and some form of simple and inexpensive wheeled chair or other form of transport. In any programme for providing national services for physically handicapped children one of the first items on the list should be the setting up of good workshops for the manufacture and repair of prostheses and surgical appliances, and the opening of orthopaedic clinics at which such appliances can be properly fitted and applied by a trained surgeon.

The education of the physically handicapped child should commence as early as possible, should be continu-

ous, and should be undertaken by teachers who have had special training in the way to approach and handle a child who is probably backward and distrustful of its own abilities. This does not mean that the teacher has to take on the functions of a psychological social worker, but simply that she should be taught to understand something of the fears and inhibitions of the handicapped child, and how to meet them. The ideal method of providing educational facilities for physically handicapped children is to arrange for classes to be held regularly in all long-term hospitals, such as sanatoria, for surgical tuberculosis or hospitals for paralytics; to open special day or residential schools in the larger cities, with some means of transport to fetch and return children unable to get there unaided; and to arrange for some form of home tuition for those very seriously disabled, if teachers are available in the neighbourhood.

Alongside this education it is of the greatest importance that the capabilities of the child for training and subsequent employment should be carefully tested and assessed by a vocational guidance expert. In this way a suitable course of vocational instruction, handicrafts, etc. can be included in the child's syllabus, and the way made easier for it to obtain suitable work when old enough, and thus secure some measure of independence. Training colleges for the more severely crippled, under skilled instructors, are also an essential part of the programme, and these should preferably be residential and limited to those who are too severely handicapped to be able to attend an ordinary training institution — such as the more serious forms of paralysis or a child who has lost one or both arms. But all young people capable of undertaking their vocational training alongside able bodied youths or young women should be encouraged to do so, as

this always increases their sense of independence and self-reliance.

Throughout this whole period of adaptation, the help of the social worker is invaluable and indispensable. It is she who visits the homes and persuades the parents — often with great difficulty, and only as a result of immense patience and tact — to allow the child to enter hospital or a special school, or be fitted with an artificial limb or surgical appliance. It is she who gradually wins the child's confidence and affection, and helps to dispel its fears and anxieties. It is she who helps to change the child's despair into an attitude of hopefulness and expectation. And it is she who helps to keep the wheels oiled when difficulties arise and there is risk of the whole process of education and training breaking down.

Educating the public.—There is no greater tragedy which can happen to a physically handicapped child than to complete a good course of education and be trained for useful employment, only to find every opening barred by prejudice or ignorance on the part of employers, fellow workmen or public opinion in general. This is why so much attention needs to be given to wise methods of publicity, demonstrating the wide range of occupations in which disabled people have proved themselves perfectly capable of holding their own with those who are able bodied. A great mass of statistics, carefully collected in the United States, is now available in proof of this claim; but these facts need to be repeated again and again before they will become generally accepted.

A personal approach to a sympathetic employer, and an appeal to him or her to give the handicapped child, a chance to make good, is often the most promising way of making a start, and every case of successful placing should be written up in the local press and given wide publicity.

I must apologise for the length of this Paper, but I have endeavoured to give some indication of modern lines of development in the attempt to meet the special needs of the physically handicapped child, and of the encouraging results which can be expected from the combined efforts of various agencies whether controlled by Government Departments or by voluntary bodies. Otherwise serious and harmful gaps appear in what should be a continuous process of medical care, physical rehabilitation, education and vocational guidance, social welfare, vocational training and settlement in suitable employment.

It is, of course, obvious that what I have attempted to describe is an ideal picture of a comprehensive service for the physically handicapped child which no country has yet succeeded in establishing on anything approaching a nation-wide basis. But there is no occasion for discouragement on that account. This is the kind of service which we all like to see our crippled children enjoy, and if it is only possible to commence building it up in very modest fashion at first — perhaps by improving our child welfare clinics, providing better nutrition, opening more hospitals for crippling diseases or accidents, establishing some limb-fitting and surgical appliance workshops, starting a few special schools and a training college or two, and encouraging the recruitment of physio-therapists, occupational therapists, vocational guidance experts and social workers — we shall at least have the satisfaction of knowing that we are in the line of the most modern approach to this important subject, and are bringing new hope and cheer to hundreds of suffering children.